DOCUMENT RESUME

ED 452 455 CG 030 872

AUTHOR	Armstrong, Ronda Parks, Ed.; Jordan, Marlys Parcell, Ed.
TITLE	Iowa Journal of School Social Work, 1989-1993.
INSTITUTION	Iowa School Social Workers' Association, Cedar Falls.
PUB DATE	1993-00-00
NOTE	352p.; Published semiannually. Sara A. Andreasen was manuscript and managing editor for Volume 6.
AVAILABLE FROM	Iowa School Social Workers' Assoc., Iowa Journal of School Social Work, P.O. Box 652, Cedar Falls, IA 50613-0652 (subscription rate: $10, individuals; $16, libraries).
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Iowa Journal of School Social Work; v4-6, 1989-1993
EDRS PRICE	MF01/PC15 Plus Postage.
DESCRIPTORS	Adjustment (to Environment); Attention Deficit Disorders; Child Abuse; Counseling; Depression (Psychology); Disabilities; Elementary Secondary Education; Hyperactivity; Interpersonal Competence; Practicum Supervision; *Professional Associations; *Professional Development; Role; *School Social Workers; Sexual Abuse; Special Education
IDENTIFIERS	Traumas

ABSTRACT

Articles in the journal of the Iowa School Social Workers' Association concern the enhancement of social work practice in schools. The information is geared towards motivating school social workers to disseminate information and to promote professional growth. The journal attempts to identify current issues of concern in the counseling field and to share research to help improve the professional learning community, and to promote effective and accountable models for professional use. Topics in these journals include implications on ADHD and depression in school-age children; traumatic events including sexual abuse; professional growth; group process; and the role of school social workers. A self-reported questionnaire for group work is included along with a description of in-service programs for the 1990s. Each issue contains numerous references. (JDM)

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School

Iowa Journal of Social Work, 1989-1993

Ronda Parks Armstrong and
Marlys Parcell Jordan, Editors

Volumes 4-6

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IOWA SCHOOL SOCIAL WORKERS' ASSOC.

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IOWA JOURNAL OF SCHOOL SOCIAL WORK

DECEMBER, 1989
VOL. 4, NO. 1

CG 030872

EDITORIAL STAFF

Manuscript
Editor
Ronda Parks Armstrong, L.S.W.
IJSSW
Box 4852
Des Moines, IA 50306

Book & Film
Review Editor
Kate McElligatt, L.S.W.
AEA #7
3706 Cedar Hgts. Dr.
Cedar Falls, IA 50613

Managing
Editor
Marlys Parcell Jordan, M.S.W.
IJSSW
Box 4852
Des Moines, Iowa 50306

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SUBSCRIPTIONS

The subscription rate is $8.00 for individuals and $16.00 for libraries. Advertising inquiries, subscription inquiries, and changes of address should be mailed to: Iowa Journal of School Social Work, Box 4852, Des Moines, Iowa 50306

December, 1989
Volume 4, Number 1

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EDITORIAL COMMENTS

Today the family norm of the 1950's, a male-female, two parent household with children, no longer fits the mold. There are forces working to remodel our world to a post-industrial, service-oriented society. We are experiencing decreased family size, dwindling family relationships, rising individualism, greater independence, as well as unprecedented stresses and choices. With this transition of society and the family, our roles have become more expansive. Never before does it seem that there has been such a widespread concern about the education of our nation's youth.

As we enter the 1990's - the decade that will take us into the next century, we must be committed to the continued development of high quality school social work services. We must be prepared to meet the challenges that lie ahead. The Iowa Journal of School Social Work is a viable resource that can help us prepare for our future.

The Editorial Board of The Journal invites you to be a part of it all. There is an untapped array of potential contributors among us. As authors, you will have an opportunity to reach out to others that could not be reached in any other way. With the best intent for the years ahead, you can make a difference.

Marlys Parcell Jordan, M.S.W.
Managing Editor

VIEWPOINTS

THE INVISIBLE HANDICAP

As I read the Journal's Call for Papers on school social work with students at risk, I was struck by the fact that a significant at-risk issue was omitted from those listed for discussion; that is learning disabilities, sometimes called the "invisible handicap," because it is not as readily recognized as physical or developmental handicaps.

Considering that up to 10 million school children nationally are learning disabled, and that learning disabled students have a high dropout rate, this is an issue which must be addressed by the educational system as new at-risk legislation is implemented. Early diagnosis of learning disabilities, teacher adaptation to students' learning needs, and family acceptance and support are a must if these students are to be adequately served and kept in school. With RSDS (Renewed Service Delivery System) on the horizon, teamwork will be needed to maintain the flow of services to learning disabled students. The cooperative environment required for good teamwork can be enhanced by the school social worker's skills and knowledge.

The presence of a learning disability, particularly if undiagnosed, may become a barrier to school and personal success, leading to low self-esteem; learning disabilities may be at the root of a number of other at-risk problem areas. To more adequately serve these children, there must be a greater recognition of the pervasive influence and negative impact that a learning disability can have on an individual's life. Recent studies are beginning to reveal the broader scope of such barriers to over-all functioning. Consider these frightening statistics: at least 40% of juvenile delinquents are diagnosed as learning disabled; in at least one area, 90% of the children seen in a mental health center are learning disabled.

Learning disabilities unremediated can interfere with success in school, employment and interpersonal relationships for an entire lifetime. They do not go away, but individuals can be taught to cope with them. There is a tremendous challenge before the educational community; school social workers can provide the leadership!

Leila Carlson, ACSW, LSW
Executive Director, NASW
Iowa Chapter

VIEWPOINTS: This section is for reader comments about articles and other related issues. We welcome your input.

ATTENTION-DEFICIT HYPERACTIVITY DISORDER: ISSUES IN DEFINITION AND DIAGNOSIS

Cindy Reitz and Nancy Lindgren

Literature contains extensive research information on the diagnosis and treatment of attention-deficit hyperactivity disorder (ADHD). Children with ADHD are seen in a multitude of settings including those served by school social workers. To do competent assessment, treatment, planning, referral, advocacy, and therapy with ADHD children and their families, knowledge of its many facets and treatments is essential. This article presents a comprehensive review of historical and current research findings, etiologies, and assessment procedures for use by the school social worker who serves ADHD children and their families. A future article will review treatment issues.

Attention-deficit hyperactivity disorder (ADHD) has become one of the most widely studied disorders of childhood during the past 20 years. Children with ADHD are commonly described as displaying developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity. Individuals with the disorder usually display some disturbance in each of these areas but with varying degrees. The disorder is commonly manifested in most situations, including school, home, and in social situations. Some individuals, however, show signs of the disorder in only one setting (DSM III-R, 1987). The symptoms usually worsen in situations requiring sustained attention (i.e., listening to a teacher in a classroom, attending to class assignments, or completing tasks at home).

Barkley (1981) notes that numerous newspaper and magazine articles about ADHD have been published in the past few years, many with inaccurate descriptions of children with the disorder and treatments used with them. Barkley also points out that there are many disagreements with regard to the diagnosis, treatment, characteristics, and prognosis of ADHD. These disagreements have let to confusion about the way parents and professionals should approach the management of the disorder.

School social workers frequently come into contact with an ADHD child or his/her family. School social workers assist in assessment, development and monitoring of the interventions for an ADHD child in the school setting, and coordinate services with other resources. Therefore, knowledge about ADHD is essential for the school social worker. An accurate understanding of ADHD assists school social workers in providing appropriate services to the ADHD child and his/her family, as well as decreasing the confusion that often surrounds the disorder.

HISTORICAL ANTECEDENTS

Reports of ADHD can be found as early as the late 1800's and early 1900's. The symptoms of the disorder have remained generally the same; however, the disorder itself has been renamed numerous times. Labels have included: "minimal brain damage", "minimal brain dysfunction", "hyperkinesis", and "attention deficit disorder with or without hyperactivity".

Research in the 1960's focused on the motor activity levels of ADHD children. Definitions reflected this emphasis by suggesting that "hyperactivity was simply excessive quantities of motion activity that brought children exhibiting such activity into conflict with their environment" (Barkley, 1981, p. 3). This view of ADHD was abandoned due to difficulties with the measurement and definitions of it. Virginia Douglas and her colleagues at McGill University in Montreal studied and demonstrated major deficits in attention span in ADHD children. In 1972, she presented a paper which suggested that "the major deficiency of hyperactive children was in their inability to stop, look, and listen -- that is, to sustain attention and inhibit impulsive responding as a situation demands" (Barkley, 1982, p. 3). Successful replications of her study by other researchers helped recognize that poor attention span was the major problem for hyperactive children. Garfinkel (1986) also described the primary syndrome as the child's inability to orient, focus, and organize his/her attention on a specific task and to sustain one's concentration span. Douglas et al. influenced a change of terminology in the 1980 publication of the DSM III. The disorder was classified as "attention deficit disorders with or without hyperactivity". The DSM III-R (1987) now classifies the disorder as "attention-deficit hyperactivity disorder".

COMMON CHARACTERISTICS

Inattention, impulsivity, and hyperactivity are common characteristics. Inattention and impulsiveness in the classroom are manifested by the child through his/her inability to complete tasks as well as difficulty in organizing and completing work accurately. The child may give the impression that he/she is not listening or has not heard what has been said. Careless and impulsive work is common. Another indication of impulsivity is displayed by the child when he/she blurts out answers to questions before the questions are completed, makes comments out of turn, fails to wait one's turn, or fails to listen to directions fully before beginning an assignment. The child may also interrupt the teacher or other students during lessons and/or quiet work periods. Hyperactivity may be manifested by the child in his/her inability to remain seated, excessive running and jumping, fidgeting, and manipulating objects.

The child with ADHD may exhibit inattention in the home by his/her failure to follow requests and instructions as well as frequent shifts from one activity to another. Impulsiveness may be manifested in the home by the child's frequent interruptions or intrusions on other family members as well as having accident-prone behavior. Hyperactivity may be exhibited by an inability to remain seated when expected to do so (i.e., during meals) and by excessively loud activities.

In social situations, inattention may be seen in the child's failure to follow the rules of structured games and/or to listen to other children. Impulsivity may be demonstrated by the child's failure to await one's turn during games, interrupting, grabbing objects, and/or engaging in potentially dangerous activities without considering the possible consequences. Excessive talking and an inability to play quietly and to regulate one's activity to conform to the demands of the game are other indicators of hyperactivity.

DIAGNOSIS

Criteria

Diagnosis of ADHD is never made on the basis of one symptom. ADHD is diagnosed only after finding a number of symptoms "clustered together in one child" (Weiss & Hechtman, 1986, p. 15). Many symptoms of ADHD may also occur in childhood psychosis; autism; mental retardation; cerebral palsy; mood disorders; pervasive developmental disorders; and in inadequate, disorganized, or chaotic environments which necessitates the need for differential diagnosis. Some professionals caution that allergies or idiosyncratic toxic reactions can be a contributing factor to ADHD symptoms. A practitioner should explore possible connections between a child's problematic behavior and sensitivity reaction to ingested or environmental substances (Johnston, p. 351).

Researchers agree that ADHD has certain major presenting problems; however, Barkley (1981) found that 70% of 200 studies reviewed "failed to use any objective or specific criteria for diagnosing the children as hyperactive . . ." (p. 4). The American Psychiatric Association (APA) has specified the criteria used to diagnose ADHD in the revised edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III-R, 1987). For comprehensive diagnostic criteria, refer to the DSM III-R.

Prevalence and Duration

Since ADHD is not clearly defined, it is very difficult to determine its prevalence. According to the Connors rating scale, 5.6% of the 1,908 children studied in seven elementary schools were found to be ADHD. Another rating scale, the Queensland, suggested that 7.5% of the children studied were ADHD. The Pittsburgh rating scale indicated the 8.9% of the 1,908 children studied were found to be ADHD. The researchers' study suggested that more children were found to be hyperactive in lower socio-economic status areas. When the three questionnaires were compared, the prevalence of children rated ADHD was 3.5%. They noted that ADHD occurs more often in boys than girls, 3 or 4:1 (Holborow, Berry and Elkins, 1984).

According to the DSM III-R, the prevalence of ADHD occurs in about 3% of children. Barkley (1981) notes several studies that indicate anywhere from 2% to 57% of school-aged children are defined as "overactive".

Researchers now believe that difficulties in the ADHD child's social behavior last longer that was first believed. These difficulties may "lead to social maladjustment in the teenage and young adulthood years" (Barkley, 1981 p. 3).

Weiss and Hechtman (1986) completed the study entitled "Hyperactive Children Grown Up". In their chapter about "Hyperactives As Adolescents", they report studies with three major areas of agreement and differences. The studies which measured ADHD in adolescents found that the symptoms of the disorder diminished in most of the individuals. These adolescents, however, continued to experience low self-esteem, poor school performance, and poor peer relationships. A major difference in the studies reported by Weiss and Hechtman was seen in the percentage of teenagers who had repeated antisocial behavior. Weiss and Hechtman explained that the differences in percentages of repeated antisocial behavior were due to the manner in which children were diagnosed, source of data, age of the children in the studies, location and cultural differences. Weiss and Hechtman (1986) cited a study by Robbins which suggested that childhood aggression and antisocial behavior are predictors of adult antisocial behavior.

Family factors are important in overall and specific outcome measures (Garfinkel, 1986). Parental history of antisocial behavior is indicative of antisocial behavior in the adolescent outcome. Parental pathology and the quality of parent-child interactions also appear to have an effect on the outcome of ADHD children.

Predictors

Many investigators take an interactional view of causality. They feel that ADHD is "the final common path of various antecedent variables" (Weiss & Hechtman, 1986, p. 11). These antecedents contain both biological and psychosocial factors.

No single etiology has been demonstrated for the ADHD syndrome. However, various possible biological etiologies exist. Numerous studies have been completed which suggest predictive and prognostic factors for children with ADHD. Barkley 1981) noted that a well-studied factor is that of minor physical anomalies in the newborn. He suggested that babies with a high number of physical anomaly scores also have more severe "hyperactive" behaviors at an earlier age. Weiss and Hechtman (1986) suggested that the more significant neurological impairment of the child, the poorer the future outcome will be. They pointed out, however, that other factors (e.g., I.Q., socio-economic status, and family functioning) also play a key role in the outcome. The I.Q. of the child seems to be a specific predictor of academic achievement in children with ADHD; however, other factors (e.g., family socio-economic status and learning disabilities) also are predictors. Early hyperactivity and difficult temperament in infancy are predictive of lower adolescent educational achievement, hyperactivity, and potentially mild antisocial behavior (Weiss & Hechtman, 1986).

Barkley (1981) suggested numerous family characteristics of ADHD children. Fathers, he noted, tend to have a greater occurrence of ADHD symptoms, increased frequency of alcohol abuse, difficulties with depression and maintaining steady employment, increased likelihood of conduct disorders, and desertion of the family. Mothers of an ADHD child are said to have a greater increase of depression, marital difficulties, divorce, low parental self-esteem, stress in the parental role, and an increased incidence of alcohol abuse. Brothers and sisters of ADHD children have a greater degree of ADHD symptoms such as occurrence of conduct problems. They also have a higher degree of learning disabilities. Parents of ADHD children report an increased occurrence of conduct problems, alcohol abuse, depression, and ADHD symptoms in other extended family members.

Barkley (1981) suggested that stress, smoking, and alcohol abuse during pregnancy and severe perinatal hazards to the child all are potential factors which can be predictive of ADHD. He also noted that adopted children have a 20%-30% risk of developing ADHD, which clearly indicates a correlation exists between biological parents and their children diagnosed with ADHD.

IMPLICATIONS FOR SCHOOL SOCIAL WORKERS

An accurate description of behavior is essential to all clinical and research efforts pertaining to ADHD. Unlike many other psychiatric disorders, ADHD comprises behaviors that are evident at least sometimes and to some degree in all children (Elderbrock, 1988). ADHD is not defined by a few clearly categorized pathogenic symptoms but rather by quantitative deviations in the frequency and/or severity of fairly common childhood behaviors. Assessments of such behaviors depends heavily upon subjective ratings of children's behaviors in natural settings such as home and school.

With child behavior problems, the parents are an important source of information. Not only do parents help define the current behavior problems, but they are critical in providing developmental and social history, all of which are necessary for planning effective interventions. Concerns with reliability and validity of parental reports have been documented and discussed. Inconsistencies and discrepancies may be improved with usage of the following generalizations: 1) recall of events in the immediate past is more accurate than those in the distant past; 2) accuracy can be improved by precise statements of the information required; 3) factual events are more likely to be accurately reported than parental attitudes, feeling states, and child-rearing practices (Furey and Forehand, 1983).

Parental reports are frequently obtained by the use of behavioral checklists. Checklists are one of the primary means of gathering information in the initial assessment phase. Checklists offer many advantages in assessments. They are economical and easy to administer and score, help define specific problems (whether a deficit or excess in behavior exists), may "jog" informant's memory, may be multi-dimensional in surveying specific problem areas, and my be computed on numerous occasions for convenient tracking of problem behavior before, during and after treatment.

Limitations and restrictions to the use of child behavior checklists must also be considered. The child checklists for use with parents may contain items which are not equal in degree of specificity, objectivity, and complexity. Many checklists currently in use focus only on negative behaviors, making it important to assess parental report of both child-pleasing and displeasing behavior. Another limitation is the time span during which a parent is to indicate whether a behavior occurs. This time span may range from unspecified to whether or not behavior occurred within the last month or within the last 12 months.

Checklists have been designed primarily as screening devices which, due to their phrasing and time constraints, many preclude their usefulness for tracking behavior on a daily basis. These checklists are more appropriate for assessing global parental perceptions or changes rather than parental reports of specific behaviors. Emphasis needs to be placed on factual events rather than parental attitudes, feeling states, or child-rearing practices.

Questionnaires used to assess parental reports of their ADHD child's behavior include the Achenbach Child Behavior Checklist (CBCL) by Achenbach and Edelbrock, which yields nine scales dealing with specific childhood diagnostic categories, and the Behavior Rating Profile by Linda Brown and Donald D. Hammill, which provides a good indication of a child's personal and social adjustment. Also of use is the Werry-Weiss Peters Activity Rating Scale and the Parent Symptom Questionnaire developed by C. Keith Connors. Both use a rating scale of parental opinion of hyperactive behavior in children.

A widely used scale for teachers is the Connors Teacher Rating Scale which measures items grouped into three clusters of group participation, classroom behavior, and attitudes towards authority. The scale has shown acceptable test-retest reliability and discriminates hyperactive behavior from normal age-appropriate behavior. Also proven useful is the Behavior Rating Profile for Teachers developed by Smith and Hammill. This scale also provides a measure of a student's perception of behaviors in the classroom, home, and community setting. The Devereux Elementary School Behavior Rating Scale II, developed by Marshall Swift, may also prove to be a useful tool in obtaining teacher input of a child's behavior.

Because the symptoms of hyperactive behavior are typically variable, these symptoms may not be directly observed by school social workers. When the reports of teachers and parents conflict, primary consideration should be given to the teacher's reports due to their greater familiarity with age-appropriate norms. Hyperactive symptoms typically worsen in situations that require self-application such as in the classroom. Signs of the disorder may be absent when the child is in a new or one-to-one situation (Diagnostic and Statistical Manual of Mental Disorders, III-R, 1987).

CONCLUSION

Assessment within the school setting is a key component when a diagnosis of ADHD is considered. School social workers are an essential part of the multidisciplinary team approach due to their accessibility with family, school, and student information sources. In addition to providing diagnostically relevant information, school social workers focus on ways of integrating reports and ratings from the different information sources into a cohesive picture of the child's behavior and abilities.

School social workers are key communicators in the dissemination of essential information obtained from referral sources, parents, and/or the schools. Therefore, school social workers assume the role of case managers when evaluating and/or implementing interventions with children exhibiting ADHD behaviors. Thus, it is essential school social workers remain informed of changing components involved in diagnosis, treatment, characteristics, and prognosis of ADHD.

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ABOUT THE AUTHORS

Cindy Reitz, M.S.W., and Nancy Lindgren, M.S.W., are school social workers with Northern Trails Area Education Agency 2 in Clear Lake, Iowa.

ATTENTION-DEFICIT HYPERACTIVITY DISORDER:

An Annotated Bibliography
(Part I)

Sallie C. Verrette

This bibliography is part of a project intended to provide school social workers with easily accessible information on a variety of specialized topics. The topic of this bibliography is research on attention-deficit hyperactivity disorder published since 1980. From approximately one hundred articles, thirty-one were selected for inclusion and briefly summarized. Topics include medication, non-drug therapy, characteristics and etiology of attention-deficit hyperactivity disorder and longitudinal and prospective studies. Part I presents articles in the category of characteristics and etiology and medication. The other topics will be included in Part II, which will appear in the next issue.

Attention-deficit hyperactivity disorder (ADHD) is a topic that continues to provoke considerable controversy, at least in part because of media coverage that is often confusing to parents and professionals alike. The terminology is a source of confusion as well. Terminology ranges from the early MBD or minimal brain dysfunction to the current ADHD or attention-deficit hyperactivity disorder. The following bibliography is selective with the purpose of providing quick access to research published since 1980.

Part I of the bibliography addresses characteristics and etiology of ADHD, as well as use of medication. Part II, which will appear in the next issue, focuses on the categories of non-drug therapy and longitudinal and prospective studies.

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Characteristics and Etiology

Alberts-Curush, J., et al. (1986). Attention and Impulsivity Characteristics of the Biological and Adoptive Parents of Hyperactive and Normal Control Children. American Journal of Orthopsychiatry, 56, 413-23.

Although recent theories have focused on biologically based factors, relatively little is known of the etiological roots of hyperactivity. Previous studies show (1) a higher incidence of psychopathology in the parents of hyperactive children when compared to control groups (2) a higher incidence of antisocial personality and hysteria in the parents of hyperactive children compared to parents of psychiatric outpatient children. Adoption studies support a greater frequency of disorders in biological parents of hyperactives than in adoptive parents of hyperactives. A genetic etiology is supported by a study of 10 sets of twins with a

100% concordance rate in monozygotic twins compared to a 17% concordance in dizygotic pairs. Prospective longitudinal studies since 1970 indicate that while overactivity and distractibility evidence improvement, attentional deficits and impulse control problems endure into adulthood, suggesting a chronic, developmental component to hyperactivity. This study attempts to answer one major question-do the parents of hyperactive children show the same cognitive deficits as the children? The biological and adoptive parents of hyperactive and normal controls were assigned the experimental tasks on which hyperactives perform poorly-namely, those related to attention and impulse control. The results provide strong evidence for a familial association between childhood hyperactivity and attentional deficits in biological parents. Normal controls and adoptive parents did not differ. The hypothesis of greater impulsivity was not confirmed. The biological parents of hyperactive children obtained significantly lower scores on intellectual functioning and completed fewer years of education than the other parental groups. The data support an association between childhood hyperactivity and attentional deficits in biological parents of hyperactives.

Bohline, David S. (1985). Intellectual and Affective Characteristics of Attention Deficit Disordered Children. Journal of Learning Disabilities, 18, 604-08.

Bohline directs his study towards identifying any intellectual deficiencies which might be characteristic of ADD children. The subjects were administered the Woodcock-Johnson tests of Cognitive Ability and the WISC-R; SNAP rating scale was used by teachers. The entire population was characterized by low intellectual functioning in general. Children who show ADD symptoms are more likely to exhibit depressive features than non-ADD children. Bohline believes that there is little question that ADD children show more emotional deviance in general, and more anti-social and depressive symptoms in particular, than to non-ADD children. He feels that ADD may be more often a symptomatic manifestation of other psychological difficulties than an entity to itself.

Edelbrock, C., Costello, A.T., Kessler, M.D. (1984). Empirical Corroboration of Attention Deficit Disorder. Journal of the American Academy of Child Psychiatry, 23 (3), 285-290.

The goals of this study were to investigate the validity of the ADD as a diagnostic construct and to determine the behavioral characteristics of children diagnosed ADD with-and without-Hyperactivity. ADD is defined by two symptom clusters, one reflecting inattentiveness and impulsiveness, the other reflecting hyperactivity. The symptoms of ADD are variable and may not be noted during the clinical interview, so diagnosis often depends on reports provided by parents and especially teachers. The results show a significant correspondence between standardized teacher's ratings and ADD diagnosis based on the DSM-III. Factor analysis of 450 clinically referred boys ages 6-11 revealed two factors-Inattentive and Nervous-Overactive-that appear to correspond to the ADD symptom clusters. The sub-groups also differed on several behavioral dimensions. ADHD boys were described by their teachers as more unpopular, self-destructive, and aggressive than the ADD without hyperactivity boys. The ADHD boys also met criteria for other disorders, particularly Oppositional Disorder and Conduct Disorder. The authors feel that further research on the overlap of DSM-III child diagnosis is clearly warranted. Several findings suggest that the non-hyperactive

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group is more impaired in some areas. Non-hyperactive boys were reported to be more socially withdrawn, less happy, having poorer school performance, and at greater risk for academic failure and grade repetition. Finally, the results demonstrate the utility of the Child Behavior Checklist and Child Behavior Profile for both clinical and research purposes.

Heffron, W.A., Martin, C.A. and Welsh, R.J. (1984). Attention Deficit Disorder in Three Pairs of Monozygotic Twins: A Case Report. Journal of the American Academy of Child Psychiatry, 23(3), 299-301.

The genetic etiology of ADD has received limited attention. The authors review previous studies. Three twin studies showed high correlation for activity level in monozygotic (MZ) twins and no correlation in dizygotic (DZ) twins. Family studies show a high prevalence of sociopathy, hysteria, alcoholism, and retrospective reports of ADD in families of ADD children compared to a control group. Adoption studies indicate that these characteristics are not found in adoptive parents of ADD children, again suggesting a genetic transmission. The three MZ twin pairs reported on in this paper all appear to be concordant for ADD supporting the notion of a genetic component. However, several other issues are raised as well. Twins are at a higher risk for premature birth, intrauterine compromise, and abuse and neglect-factors which affect their psychiatric presentation.

Holborow, P. and Berry, P. (1986). A Multi-National, Cross-Cultural Perspective on Hyperactivity. American Journal of Orthopsychiatry, 56(2), 320-22.

This paper brings together five independent studies in five different countries to clarify the uniformity that exists outside of personal impressions and perspectives. Based on the Conners Short Parent-Teacher Questionnaire, the prevalence rating was over 5%. There are some differences in cut-off points explainable by different sampling techniques. The authors believe their study lays to rest the controversy about the prevalence of hyperkinesis in different countries.

Lahey, B.B., Schaughency, E.A., Strauss, C.C., Frame, C.L. (1984). Are Attention Deficit Disorders with and without Hyperactivity Similar or Dissimilar Disorders? Journal of the American Academy of Child Psychiatry, 23(3), 302-309.

Little controversy or research has been generated by the creation of the "with" and "without" hyperactivity subtype of ADD. It appears likely that evidence on the prognosis and choice of treatment is being applied clinically to all children with symptoms of ADD, even if they have no symptoms of hyperactivity. The findings of this study strongly suggest that attention deficit disorders with and without hyperactivity are substantially different disorders As defined in this study ADD/H children are conduct disordered, aggressive, guiltless and bizarre, whereas the ADD/WO children are anxious, shy, and socially withdrawn. Both groups are viewed by peers as poor in school performance, unattractive, lacking in leadership, and unpopular. The ADD/H group was significantly more disliked by peers than the ADD/WO group. The ADD/H children viewed themselves as having poor behavior, poor school performance, and disliked by peers. In contrast, ADD/WO children viewed themselves as anxious, unhappy, unattractive, and poor in school. Perhaps the most striking finding is the high prevalence of conduct disorders in the ADD/H group compared to the low scores of ADD/WO on ly, the ADD/H children have much more in common with the diagnostic category of conduct disorders than do the ADD/WO children.

The authors recommend a focused research effort on the subtypes of the DSM-III category of ADD.

Lambert, N.M. (1982). Temperament Profiles of Hyperactive Children. American Journal of Orthopsychiatry, 52(3), 458-67.

Implicit in most literature on hyperactivity is the notion that there are real biological and related behavior differences that distinguish hyperactive children from their normal peers. Several studies show a greater frequency of hyperactive behavior among parents of hyperactive children. Reports of temperament characteristics in infancy and early childhood show extreme patterns characteristic of children difficult to rear. Lambert directs her study primarily towards differences in temperament between different types of hyperactive children and a group of children selected to represent a normal school population. She examines 1) the extent to which temperament characteristics differentiate hyperactive subjects from their normal peers and 2) the combined effect of parenting and early temperament on later identification of a child as hyperactive. Primary hyperactive children-those defined as hyperactive by home, school, and physician-showed temperament extremes in activity level, rhythmicity, approach/withdrawal, distractibility, adaptability, attention span and persistence, intensity of reaction, threshold of responsiveness, and quality of mood. These children elicit three types of parent responses: (1) feeling threatened and inadequate as parents, (2) unconsciously rejecting the child, (3) blaming the children for the extra problems they create. Lambert feels that if parents can accept the child, interact in a consistent manner, and not be threatened by the child's differences, the potential risk could be minimized. There is a need for parent materials to help parents cope with these difficult children.

Love, A.J., and Thompson, Michael G.G. (1988). Language Disorders and Attention Deficit Disorders in Young Children Referred for Psychiatric Services: Analysis of Prevalence and a Conceptual Synthesis. American Journal of Orthopsychiatry, 58(1), 52-64.

Significant interrelationships between language disorders and attention deficit disorders were found. Studies have demonstrated that preschool children with language disorders are at considerable risk for the development of psychiatric problems. In the study, 3/4 of children with a diagnosis of language disorder also had a diagnosis of ADD. Signs that preschool children are at risk for future academic and psychiatric difficulties should include both language delays and cognitive problems, such as difficulty paying attention and distractibility. The consideration is provoked that ADD language disorders have a common antecedent, perhaps a temperamental or a neurological characteristic. Thus far, research results are inconclusive and contradictory. One study found that a preschool language disorder was likely to be redefined as a learning disability when the child entered the school system. By adopting a holistic framework, the links between ADD and language disorders became clearer: without the ability to distinguish novel stimuli and attend to environmental stimuli, a child will not develop the underlying concept of language.

Milich, R. and Pelhan, W. (1986). Effects of Sugar Ingested on the Classroom and Playgroup Behavior of Attention Deficit Disordered Boys. Journal of Consulting and Clinical Psychology, 54, 714-718.

Milich and Pelhan report on a challenge study to determine the effects of sugar ingestion on ADD boys. The results offered no support for the contention that sugar adversely affects the behavior or learning of ADD boys. The authors suggest that parents and teachers may be misperceiving an association between sugar ingestion and behavioral deterioration. It may be that this perception actually reflects these children's difficulty in getting back to a task following an exciting or unstructured activity. Physicians are cautioned against recommending sugar restricted diets at least in part because such a recommendation may direct attention away from validated pharmacological and behavioral interventions.

Shekim, W.O., Cantwell, D.P., Kashami, J., Beck, N., Martin, J. and Rosenberg J. (1986). Dimensional and Categorical Approaches to the Diagnosis of Attention Deficit Disorder in Children. Journal of the American Academy of Child Psychiatry, 25, 653-58.

The authors examine various means of diagnosing ADDH. In their discussion of the diagnostic procedure, reference is made to the Isle of Wight study (Rutter, et al.) which found that the parent interview was distinctly the best instrument when used alone, the child interview when used alone the least useful. The parent rating scale and the teacher rating scale were equally effective but there was little overlap between the two. In addition, in discussing other scales, the authors stress that use of these scales involves the assumption that parents and teachers attribute the same meaning to each particular question that the originator of the scale intended. Another problem is in the labelling of the factors by the author of each scale. The authors advocate the traditional clinical approach to diagnosis-data from a parent interview, a child interview, a teacher rating scale, and a parent rating scale. They feel it unlikely that a single-cut-off score on any rating scale will substitute for a systematic clinical evaluation using several data sources.

Werry, J.S., Reeves, J.G., and Elking, G.S.. (1987). Attention Deficit, Conduct, Oppositional, and Anxiety Disorders in Children: I. A Review of Research on Differentiating Characteristics. Journal of the American Academy of Child and Adolescent Psychiatry, 26, 133-143.

This review article is confusing as well as interesting. Although the article deals with differentiating characteristics of attention deficit, conduct, oppositional, and anxiety disorders in children, the authors also attack revision of DSM-III. They feel that the most devastating revelation of their survey is the paucity of good research into the validity of four common diagnoses in child psychiatry. They conclude "In light of this, can we afford another committee-based revision of a system before the progenitor has even been properly tested? How can one revise a system intelligently if one does not even know what is right or wrong with it?"

From the research that the authors do feel is valid, they draw the following conclusions:

1) The male/female ratio in ADDH and ADDH+CD is highest, in CD alone, only slightly raised, and in ANX girls may predominate.

2) No clear relationship exists with SES/family adversity index, broken home/marital conflict, parental psychiatric illness.

3) Pre and peri-natal adversities are generally equally distributed across all diagnostic groups and normal subjects. The same is true of motor development, soft signs, and language and speech defects. They accept weak evidence that suggests that neuro-developmental abnormalities may be more frequent in ADDH and ADDH+CD.

4) ANX, ADDH and ADDH+CD exhibit impaired self-image and depressive symptoms; CD tends to show a normal self-image. Al;l groups are less popular, ADDH+CD performing the worst.

5) Weak and conflicting evidence that ADDH and ADDH+CD children may be of lower intelligence, especially in the verbal area. In achievement, some tendency for ADDH to be associated with poorer performance.

In summary, ADDH is a male disorder, primarily of cognitive impairment, more impulsive responding, poor school achievement, and possible increased motor activity and neuro-developmental abnormalities. CD has few distinct features except egocentricity and a higher degree of hostility. ADDH+CD seems to retain the negative features of each handicap.

It is important to note that authors found only 6 studies acceptable to include in this review, rejecting many earlier studies for a variety of reasons.

Medication

Brown, R.T., Wynne, M.E., Medenis, R. (1985). Methylphenidate and Cognitive Therapy: A Comparison of Treatment Approaches with Hyperactive Boys. Journal of Abnormal Child Psychology, 13(1), 69-87.

This study compared the effect of stimulant medication, cognitive training, and the combination of both treatments in hyperactive boys with learning problems. In the methylphenidate group, there was significant improvement on the combined battery of measures when compared to the cognitive training or no-treatment group. The improvement is attributable to differences in attentional deployment measures and behavioral rating scales. With the exception of tests of listening comprehension, there was no significant improvement on academic measures. The dosages were low (.3 mg/kg). The combined treatment group (methylphenidate and cognitive training) also yielded significant improvement and again, except for listening comprehension, no significant improvement on academic measures was evident with either medication or cognitive therapy alone. The cognitive therapy training program consisted of individual twice-weekly one-hour sessions for a total of 24 sessions spanning a 3 month period. Modeling, self-verbalization, and strategy training were based on the work of Meichenbaum and Goodman and stressed stopping to define a problem, planning ahead, and carefully correcting errors. Cognitive training alone did not produce any significant change on academic measures except for listening comprehension. The attentional measures were enhanced and some approached significance. The results for all three groups are encouraging, particulary in regard to listening comprehension, in view of the crucial importance of this skill in the classroom setting.

The findings of this study suggest that stimulant medication is an effective treatment modality of ADHD children. For cognitive therapy alone, the overall changes were not as large as those in the conditions using medication. The authors suggest further research efforts considering whether methylphenidate potentiates various psychological interventions such as behavior modification and traditional psychotherapy.

Charles, L. Schian, R., and Zelknicker, T. (1981). Optimal Usages of Methylphenidate of Improving the Learning and Behavior of Hyperactive Children. Journal of Developmental and Behavioral Pediatrics, 2, 78-81.

This report presents findings on the effect of various fixed dosage levels of methylphenidate on both behavior and the ability to sustain attention in hyperactive children. The data obtained indicated that the majority of children who could tolerate higher drug levels benefitted from them. Both behavior and attention improved as dosages were increased. In contrast to previous reports, ability to sustain attention did not deteriorate at dosages higher than 0.3 mg/kg. It is the author's belief that individual titration based on evaluation of specific responses of the child under treatment is the only viable clinical option at this time.

Firestone, P., Crowe, D., Goodman, J.T., McGrath, P. (1986). Vicissitudes of Follow-Up Studies: Differential Effects of Parent Training and Stimulant Medication with Hyperactives. American Journal of Orthopsychiatry, 56, 181-194.

This outcome study dwells primarily on the problems of outcome studies, i.e., problems associated with subject selection, subject attrition, and the cost of intervention. The authors state that perhaps it is because of the difficulties and costs associated with the more behaviorally or psychologically oriented interventions that stimulant medication became the most widely used treatment for hyperactive children in the 1960's and 1970's. Although medication is clearly demonstrated to have positive effects in the short-term, there is little or no evidence that academic progress is aided and long-term investigations have not replicated the same effects inferred in short-term studies. In general, results suggest that stimulant medication alone is more effective than behavioral intervention in improving classroom and social behavior and attentional deficits of hyperactive children. When the goal of treatment is improved academic performance, behavioral intervention is superior to stimulant medication at least in special research classrooms. Firestone et al. suggest that more meaningful long term studies will result from inclusion of drop-out data and information on children who change from experimentally assigned groups.

Pliszka, S.R. (1987). Tricyclic Antidepressants in the Treatment of Children with ADD. Journal of the American Academy of Child and Adolescent Psychiatry, 26, 127-32.

The author reviews all available literature dealing with controversy over the use of imipramine and other tricyclics in the treatment of ADD. Pliszka concludes that overall, stimulant medications appear superior to tricyclics in the treatment of ADD. These are children who do not respond to stimulants and tricyclics are a drug of second choice in this situation. There is some evidence to suggest that highly anxious children with ADD may respond better to imipramine than to methylphenidate and the ADD children with more severe aggression problems may deteriorate on imipramine. Tricyclics appear superior to methylphenidate in ameliorating mood disturbance in ADD children. There is no evidence to support the use of less than 1.0 mg/kg/doz.

Rapport, M., Stoner, G., DuPaul, G.J., Birmingham, B.K., Tucker, S. (1985). Methylphenidate in Hyperactive Children: Differential Effects of Dose on Academic, Learning and Social Behavior. Journal of Abnormal Child Psychology, 13, 227-244.

The primary purpose of this study was to investigate what relationship, if any, exists between the most frequently used laboratory method (PAL-Paired Associates Learning) of assessing optimal response to psychostimulant medication and children's academic performance in school under various doses of methylphenidate. A second purpose was to examine children's school behavior under various doses of stimulant medication. The results demonstrate a functional relationship between psychoactive medication and children's classroom behavior. In general, increasing doses of methylphenidate resulted in higher percentages of on-task behavior, improved teacher ratings, increased academic productivity and accuracy. Assessing medication effects in children is rapidly becoming a technology in and of itself. With the hyperactive population, it has become necessary to "fine tune" medication on an individual basis by systematically trying a range of safe dosages, concurrently assessing their effects across behavioral domains and using tests that accurately reflect children's schoolwork.

Satterfield, J.H., Satterfield, B.T., and Cantwell, D. (1981). Three-year Multimodality Treatment Study of 100 Hyperactive Boys. Pediatrics, 73, 650-655.

The authors stress the importance of early identification of hyperactivity, because of concerns about a cycle of disadvantage if the disorder persists into adulthood. This paper reports the results of a three-year multi-modality treatment study of 100 boys. The major focus is the difference in the three-year outcome between the group receiving relatively more treatment with the outcome in the relatively less-treated patients. General improvement in the behavioral factors was observed in both groups except for parents' rating of antisocial behavior in the group receiving less treatment. Deterioration of academic performance was also found in the group receiving less treatment. All children received medication; others had, in addition, one or more various types of psychotherapy. A significant gain in academic performance is found in the group receiving more treatment after three years. The authors feel that the adverse effect on growth of methylphenidate is so slight as to have little clinical significance. A greater concern is that stimulant medication when used alone may not be any better than no treatment at all when outcome is evaluated one to five years later. In fact, the initial symptomatic improvement may actually prevent the physician from searching further for other types of psychopathology such as learning problems, depression, poor social adjustment, or delinquency. The authors feel that the most conservative approach is to use stimulant medication only after a comprehensive evaluation (social, emotional, psychiatric, and educational) and in combination with other indicated therapies.

Satterfield, J.H., Satterfield, B.T. and Schell, A.M. (1987). Therapeutic Interventions to Prevent Delinquency in Hyperactive Boys. Journal of the American Academy of Child and Adolescent Psychiatry, 26, 56-64

The results of two longitudinal studies are presented. One group of 80 hyperactive boys was treated with stimulant medication only (DTO group). Another group of 50 Caucasian boys was treated with multi-modality treatment (MMT). To develop the MMT program, each child's pattern of anti-social behavior was defined. Children were assigned to a treatment team-an educational therapist and 3 social work therapists. Individual therapy (a 50 minute period) was provided for the child and group therapy for the child and family (1 1/2 hours). Additionally, a psychiatrist was seen for 30-40 minutes monthly to monitor medication. Families remained in the program for 2-3 years. When all cases of the MMT group were compared with the DTO group on delinquency outcome, it was found that the MMT group had reduced delinquency as measured by either the number of arrests, the proportion of subjects arrested, or number institutionalized: (49 institutionalized for DTO, 0 for MMT). Based upon ADDH studies of drug treatment alone and psychotherapy alone, it may seem surprising that MMT, which may erroneously appear nothing more than a combination of these two (presumably ineffective) forms of treatment, has resulted in such good outcomes. It may be that drug treatment alone is ineffective because it does little to improve self-concept, social adjustment, existing educational deficits, or many forms of childhood antisocial behavior. Psychotherapy alone may be ineffective because of the child's short attention span. Medication may be necessary to facilitate impulse control so that the child can apply what was learned in psychotherapy. A fairly long term period (2-3 years) of treatment may be needed. The dramatic reduction in teenage anti-social behavior may be due to the reduction of childhood precursors of teenage anti-social behaviors.

Varley, C.K. and Trupin, E.W. (1983). Double-Blind Assessment of Stimulant Medication for Attention Deficit Disorder: A Model for Clinical Application. American Journal of Orthopsychiatry, 53(3), 542-547.

Varley and Trupin propose a double blind procedure as an efficient means of securing meaningful treatment information. In this procedure, lasting 3 weeks, each child was used as his own control to determine drug effectiveness. Identical packets were prepared by the hospital pharmacy. One week was a placebo, one week a low dose, and one week a higher dose. Parents and teachers filled out a Conners rating scale on a daily basis. 75% showed improvements with no significant differences between the high and low dose conditions. These research findings are not new; the authors suggest that the clinical usefulness of the strategy is in its application to problem situations. They found that in families who were both overly eager or overly resistant to medication, meaningful data could be obtained in an objective fashion regarding the youngster's response to medication.

ABOUT THE AUTHOR

Sallie C. Verrette, A.C.S.W., is a school social worker in the Newton office of Heartland A.E.A. She received the MSW from the University of Iowa in 1982 and is a past Editor of The Iowa Journal of School Social Work.

DEPRESSION IN CHILDREN: IMPLICATIONS FOR SCHOOL PROFESSIONALS

Deborah Micheel

This article discusses depression in children and outlines implications for school professionals, especially the school social worker. Prevalence, etiologies, and symptoms are reviewed, along with current research in related areas of conduct disorder, learning disabilities, school refusal, parental depression, and teachers' perceptions of depression.

Depression in children has been recognized only in the last fifteen to twenty years. Before that time children were considered incapable of experiencing depression and were thought to live a happy, carefree life. Because children are rapidly passing through developmental stages, the effects of depression can be especially devastating. It limits their ability to develop appropriate social skills, affects school performance, and can cause sleeping and eating disorders.

Early and adequate intervention is essential. The importance of school professionals in the intervention process cannot be overlooked. Children spend a great percentage of their waking hours in school. Knowledgeable and sensitive professionals are imperative.

The purpose of this paper is to review current literature in depression with school-related implications and to discuss the related role of school professionals. The school social worker is an important member of this group. For the purpose of this paper, children are defined as school-age children.

DEPRESSION IN CHILDHOOD

With increased interest in childhood depression has come increased research. Various estimates of prevalence, etiologies, and criteria for diagnosis have been put forth.

Prevalence

There have been as number of studies to determine the prevalence of childhood depression. Wide variations in prevalence estimates exist because of differences in diagnostic criteria, types of populations, and methodology. In the non-institutionalized school-age population, studies are few. Lefkowitz and Tesiny (1985) in a study of 3,020 normal elementary school children, reported a prevalence rate of 5.2%. Korup (1985) reported a prevalence rate of 10% in a study of 220 six-to-twelve year olds.

It is probable that about 20% of school-age children manifest some depressive symptoms. Often these symptoms are transitory and will decrease with age (Epstein & Cullinan, 1986). On that basis, from three to more than six million American children suffer from depression. In a class of 30 students, a teacher might expect that one or two will show symptoms of depression (Bauer, 1987). Further research is needed regarding the prevalence of depression in the general school-age populations and among students in special education programs.

Etiologies of Childhood Depression

The causes of depression in childhood are currently unclear. There are many suspected factors: loss of a parent through death, separation, or divorce; parental depression; parental and family problems, including abuse and neglect; physical disabilities; genetic factors; and biological abnormalities (Derdeyn, A.P., 1983; McKnew et al., 1983).

Biological explanations suggest possible etiologies including an imbalance of chemicals in the brain and/or genetic transmission (Wetzel, 1984). Much work is in progress and it is likely current theories will be rejected and new hypotheses offered (Lowe & Cohen, 1983).

There are currently several behavioral and cognitive explanations of depression. While these models are applied to adult depression and not specifically adapted to children, Kaslow & Rehm (1983) maintain that behavioral and cognitive variables are manifested and measurable in children. They further suggest that these variables are useful and critical for the study of depression in children. The behavioral and cognitive models of treatment address social skills training, increases in activity level, attributional retaining, cognitive therapy, and self-control therapy (Kaslow & Rehm, 1983).

Symptoms of Childhood Depression

Although in adolescence the effects of depression may be more apparent, children of any age can be affected. Children are diagnosed clinically by the same criteria as adults, according to the American Psychiatric Associations's Diagnostic and Statistical Manual of Mental Disorders - III. However, there are age-specific features that may differ in children. These symptoms may be observed in prepubertal children as an overall look of sadness, clinging, school refusal, behavior problems, and separation anxiety. Adolescents may become sensitive and negativistic, and exhibit poor peer and family relationships (Wetzel, 1984). There may be talk of death or suicide with no apparent cause. Additionally, there may be verbal expression of symptoms such as feeling unhappy, feeling like crying, having a bad feeling inside that is present much of the time, and persistent feelings for which there is no name (Ambrosini, 1983).

Forrest (1983) states that the most common characteristic of depression is a profound feeling of worthlessness and a feeling that important events cannot be controlled and are not going to improve. His listing of symptoms is especially helpful in school settings because of the broad range covered. Affective indicators include sadness, anxiety, guilt, anger, fear, unhappiness, pessimism, mood variations, helplessness, and worthlessness. Various complaints such as fatigue, sleep disorders, eating disorders, constipation, menstrual irregularity, high pulse rate, headaches, and stomachaches might signal depression. In the cognitive domain, symptoms exhibited might be negative self-concept, negative view of the world, self-blame, self-criticism, loss of interest, inability to concentrate, ambivalence, and indecisiveness. Lastly, behavioral markers would include soft spoken or slow speech, withdrawal from normal social contact, engaging in fewer pleasurable activities, seldom smiles or laughs, eats alone, studies alone, does not speak up in class or social encounters, avoids expressing hostile tendencies, avoids groups, reduces involvement in sports and games, drab dress, grades take a sudden drop, sighs often, cries easily, and procrastinates.

In summary, the symptoms of depression cover a whole realm of behavior which may be found in "normal" children. The school social worker must be cognizant of the number of symptoms and their severity, and the duration of symptoms that might indicate depression.

CURRENT RESEARCH IN DEPRESSION WITH SCHOOL-RELATED IMPLICATIONS

Current research on childhood depression includes several issues of interest to school social workers. They include the relationship between depression and conduct disorders, learning disabilities, school refusal, parental depression, hyperactivity, and suicide. There is a suspected link between attention-deficit disorder (ADD) and depression. However, while Borden, Brown, Jenkins, & Clingerman (1987) report that while ADD children acknowledge more depressive symptoms, the relationship between the two is not yet clear and more research is needed. Suicide will not be dealt with in this paper because its association with depression is well established.

Conduct Disorder

Severe depression is often associated with acting-out behavior. To survive, children even when depressed must remain active. Sometimes this attention demanding becomes aggressive. As a result, often the child receives negative and hostile adult responses. While it is typically the behavior problems that bring children to psychiatric attention, it is the depression that should be focused upon (Ney, Colbert, Newman, & Young, 1986).

While the diagnosis might be more difficult, it is noted that depressive symptoms are more severe in cases of conduct disorder with depression. Here management may be more difficult because such children seem more likely to act on their depressed feelings (Marriage, Fine, Moretti, & Haley, 1986). In prepuberty, behavior might include pathological lying, stealing, truancy, fighting, and chronic violation of rules (Puig-Antich, 1982). In adolescents, this acting-out behavior can be highly self-destructive and includes drug abuse, sexual promiscuity, crime, and reckless driving (Ishisaka, 1987).

Behaviors related to conduct disorder are many times the focus of school professionals. Bullies, rebels, or delinquents are seldom thought of as depressed. Their failure in school is mistaken for laziness and belligerence (Ney et al., 1986). An awareness of the possible relationship of conduct disorder to depression is necessary.

Learning Disabilities

Special education teachers deal with learning problems daily. Weinberg and Rehmet (1983) note that in 100 children referred manifesting school learning problems, 61% met the criteria for childhood depression. Ney et al. (1986) suggest that teachers may be misdiagnosing depressed children as being learning disabled, and that being labeled and treated as disabled may increase the child's feelings of helplessness and low self-esteem, and contribute to depression. They also suggest that a learning disability label is easier to deal with because it does not imply adult neglect or mistreatment.

Brumback and Staton (1983) propose that the diagnostic evaluation of learning disabilities routinely include a search for depression. They, along with Livingston (1985), call for further research concerning the link between learning disabilities and depression. Vincenzi (1987) suggests that the number of students who are at least mildly depressed can be very large in low-income urban areas, and that low levels of achievement often found in low-income environments may be related to the rate of depression among students in that population. His findings go on to report that students rated as depressed had lower achievement test scores than non-depressed peers, and that depression negatively affects reading ability and general ability to learn.

A through understanding of the relationship between depression and learning disabilities could result in more satisfactory evaluation and better planning for children with school problems. Such research could help answer the question of whether impaired cognitive functioning is the antecedent or consequence of depression.

School Refusal

School refusal has historically been thought of as a result of separation anxiety. However, newer research shows significant depression associated with school refusal (Tisher, 1983). This depression is related to the family and social circumstances as well. Bernstein and Garfinkel (1986) conclude that while the cause and effect in chronic school refusal is still unclear, the inability to attend school is likely a result of primary affective and anxiety disorders.

Parental Depression

KcKnew et al. (1983) states that children most at risk for depression are children of a depressed parent. Of 13 families, in which at least one parent had a major affective illness, 11 had one or more children who were depressed. Of 13 control families, only 3 had children who were depressed. This increased risk may be caused by a hereditary predisposition or by living with a depressed parent.

The consequences of being cared for by a depressed parent might be that the child becomes a "good" child, making no demands of others, being autonomous, and achieving. They compensate and become parental, mothering their mother. They are responsible and competent achievers, but feel depressed, incompetent, and worthless because they believe their achievement is not important, fraudulent, or that it all happened by accident (Gizysnki, 1985).

Depressed children often have an attributional style, possibly learned from their mothers, which explains bad or uncontrollable events in such a way as to promote diminishing self-esteem and depression. Such an attributional style would include seeing uncontrollable events as being caused by characteristics of the individual (internal as opposed to external attributions), and attributing uncontrollability to causes present in a variety of situations (global as opposed to specific attributions). When both mother and child possess this attributional style, an interpersonal, vicious circle develops, and the depressions of the mother and child then maintain each other (Seligman & Peterson, 1986; Seligman et al., 1984).

Given the likelihood that the depressed child is apt to be found in a family with a depressed mother, and a depressed mother may have a depressed child at home (Seligman & Peterson, 1986), the school social worker should be watchful of children who might live under these conditions. School professionals are in a unique position to be cognizant of children's attributional styles, which may persist into adulthood and render the individual more vulnerable to depression once undesirable events occur (Seligman et al., (1984).

THE ROLE OF THE SCHOOL IN RECOGNITION OF CHILDHOOD DEPRESSION

Reynolds (1984) leaves little doubt as to what the role of the school should be in the recognition of childhood depression. He states that in childhood and adolescent depression, primary prevention needs to take place in the school and at home. He further states that the first step in helping depressed children is gaining awareness of the disorder and being observant of its symptoms. With the help of support personnel, including the school social worker, teachers can be educated to look for behavioral symptoms, screen and assess vulnerable children, refer children for treatment, and coordinate school-based intervention.

Children frequently do not openly show or verbalize depressed conditions until they are seriously depressed (Korup, 1985; McNew et al., 1983). For this reason early identification and intervention to prevent chronic depression is desirable (Korup, 1985). While the focus of children's depression may shift from family relationships to school relationships to peer relationships due to age and developmental levels (Kaslow & Rehm, 1983), early detection could prevent or minimize recurrences of depression.

The school social worker, along with the counselor and psychologist, can be a valuable resource in dealing with depression. These professionals, because of their training and skills, can become advocates for depressed children (Lasko, 1986; Reynolds, 1984). They should make sure all available services are being utilized and proper referrals are being made, along with their own in-school intervention programs.

Teachers and Perceptions of Depression

Teachers come in daily contact with children. Because they have less emotional involvement than parents, teachers may be more objective observers of children's behaviors. They can base their observations on larger and more diverse norms. Parents, because of their own affective states and involvement in family functioning, may fail to accurately recognize depressive symptoms in their children (Reynolds, Anderson, & Bartell, 1985). While diagnosis of depression should not rely on a single source, the role of the teacher in providing observational data is significant (Epstein & Cullinan, 1986; Kaslow & Rehm, 1983; Puig-Antich, Chambers, & Tabrizi, 1983). To do a competent job of recognizing depression in children, teachers must possess adequate knowledge.

While beyond the scope of this paper, Bauer (1987), Downing (1988), Forrest (1983), and Kaslow & Rehm (1983) offer excellent suggestions for interventions and dealing with depression in the classroom, including social skills training and cognitive therapy.

Unless the child is suffering from "masked" depression, such as a conduct disorder, the depressed child will not display serious behavior problems. Korup (1985) found that most teachers and parents were not aware of children's depression. Teachers rated depressed children as less able to work independently, alone or in a group, but referred only 1 of 22 cases for special services. In this case, the referral was prompted by extremely aggressive behavior. Sixty-eight percent of parents were unaware of their children's depression. Parents who were somewhat aware of the depression most often complained of irritability and concern about physical complaints.

In summary, teachers have been shown to be reliable and valuable in observing children. Without adequate knowledge of depression, however, teachers may experience difficulty and not be effective in dealing with depression. The school social worker can be a valuable resource in arranging seminars and inservice programs, and disseminating information to help sensitize adults to the problem.

CONCLUSION

Children spend a considerable part of their day in school and engaged in school-related activities. School professionals have an obligation to be informed and actively involved in the amelioration of childhood depression. They can begin to see their students' predisposing factors and make note of possible pitfalls. School professionals can look at children in terms of their personal characteristics, environmental factors, and coping behaviors. Knowledge is essential. At present, depression goes largely unnoticed in the school setting even though it may be related to a myriad of school problems. A greater level of sensitivity to the problem is needed.

Major depressive disorder allows for an ED (emotionally disturbed) label under PL 94-142 and thus mandates appropriate services for the child. This can best be accomplished with a multi-disciplinary approach, as the newest literature is beginning to suggest (Bauer, 1987; Hoier & Kerr, 1988). The team approach would be especially beneficial here since depression can be manifested in may different settings through a wide variety of symptoms. Also, because depressed children can be the source of much frustration for adults trying to help, team members can give each other positive support. While parents may not be the first to recognize depression in their child, they should be involved in treatment planning. They should be given information they need, whether it be through the school social worker or a referral, to understand the problem and deal with it at home.

Although not mentioned in any of the articles, dealing with the problems of depression is undoubtedly affected by the stigma society associates with mental illness. School professionals and parents may both be more comfortable ignoring the depression and/or finding a more socially acceptable symptom to label and treat. Just as we know now that it is damaging to a learning disabled student to say to them, "You can do better!", hopefully, adults will soon understand that telling a depressed child to smile and have fun is equally as absurd.

"The study of the depressive disorders of the school-age years is both plausible and warranted. These conditions are more persistent than hitherto thought. Furthermore, the prevalence of scholastic failure, school-related problems, and poor past adjustment highlight the 'developmental cost' of both depression and other psychiatric illnesses in juveniles and underscore the desirability of effective and early identification and intervention" (Kovacs, Feinberg, Crouse-Novak, Paulauskas, & Finkelstein, 1984, p. 236).

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ABOUT THE AUTHOR

Deborah Micheel is a graduate student in the MSW program at the University of Iowa, Des Moines Educational Center. She is also a Crisis Intervention and Hospital/Homebound Teacher with the Marshalltown Community Schools and AEA 6.

PERCEPTIONS OF BEHAVIORAL ADJUSTMENTS AS PREDICTORS OF ACADEMIC ACHIEVEMENT

Gerald D. Nunn and John D. Montgomery

The present study examined students' perceptions of behavioral adjustment to home, school, and peers as predictive of subsequent academic achievement with 268 children (131 males and 137 females) in grades five through eight. Statistically significant relationships supported the relationship between these factors in understanding psychosocial aspects of achievement. Implications of these findings are discussed.

Theories and research regarding achievement in school have emphasized the importance of perceiving successful adjustment to one's environment (West & Foster, 1976). Of the many environmental challenges youth face, none are more fundamental than those of home, school, and peers. Indeed, these form a seamless fabric of mutual demands and interdependencies. In each context, successful adaptation facilitates the students' ability to engage and competently manage demands of other contexts (Hetherington & Parke, 1986).

In recent years, increasing concerns over meeting needs of "at-risk" and other marginal students has once again focused attention upon understanding and promoting coping skills sufficient that such students leave our schools representing symbols of success rather than reminders of a failed educational process (Anderson & Limoncelli, 1982). Psychosocial variables of school success may be useful in evaluating outcomes of intervening with youth, as well as defining important correlates of academic and personal adjustment in the school setting. The present study has examined the relationships between how students perceive behavioral adjustment at home, in school, and in peer relationships and subsequent standardized achievement scores.

METHOD

Subjects

In all, 268 public school students (131 males and 137 females) were sampled from available classrooms in grades 5 through 8. These students were characterized as primarily Caucasian, rural, and of Mid-western background.

Instrumentation

All students were administered the Behavioral Rating Profile: Student Scales-BRPSS (Brown & Hammil, 1978) which consists of 20-item scales of home, school, and peers requiring a True-False response. Higher scores indicate increasingly favorable adjustment ratings in these contexts. The BRPSS has demonstrated satisfactory reliability and validity in previous research (Brown & Hammil, 1978; Nunn, Parish, & Worthing, 1983).

Procedure

Parents' permission was obtained prior to participation. In all, over 98% of available children in the sample completed inventories. Before completing the BRPSS, students were read instructions regarding the inventory, and appraised of their rights to confidentiality and to withdraw if they chose to do so. The BRPSS was administered by classroom teachers following a standard procedure. Administration of the Iowa Tests of Basic Skills-ITBS occurred approximately two months later and was consistent with recommended procedures of the test publisher.

RESULTS

As indicated in Table 1, significant relationships were obtained for all achievement areas and with all predictor variables. Positive correlations indicated that as students' perceptions of more favorable adjustment increased, obtained scores of academic achievement were also elevated. These relationships were all statistically significant at the p≤.01 level or greater.

TABLE 1
Pearson correlations between BRPSS Home, School, and Peer Scales andITBS achievement in grade 5-8.

	Language	Mathematics	Composite
Home	.23** n=266	.15* n=266	.18* n=266
School	.40** n=268	.35** n=268	.40** n=268
Peers	.35** n=267	.30** n=267	.32** n=267

**p<.0001
*p<.01

DISCUSSION

The present study has revealed significant relationships between how students view home, school, and peer adjustment and academic achievement as measured by a standardized test instrument. It would appear, that as perceptions of these areas are enhanced, the likelihood for concomitant achievement is likewise improved. Interventions which can demonstrate significant impact upon student's perceptions of how they perform with respect to home relationships, peer groups, and school-related behaviors, may be facilitative therefore of improved achievement. That this may occur has been supported in other research (Nunn, 1989) in which attempts to improve at-risk students' perception of personal control and efficacy within a high school setting resulted in some modest positive effects upon school attendance, grades, self-concept, and locus of control. School social workers are involved in efforts to increase students' adaptive, social, problem-solving, and "teacher-pleasing" skills. They may work toward also using as outcome indices such measures as the BRPSS along with grades, attendance, and other measures to judge the outcomes of interventions as further empirical evidence of impact. In this author's opinion, psychosocial scales may be used both as predictors and as outcome measures when such interventions are put into place, allowing greater understanding of student status as well as valid and reliable indices of change when it occurs. Remedial interventions and preventive programs which focus upon the interdependency of adjustment factors and academic achievement would appear to be appropriate and are, at least conceptually, supported by the present research.

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ABOUT THE AUTHORS

Gary D. Nunn has a masters degree in Counseling Education from Fort Hays Kansas State College (now University) and a doctorate in Educational Psychology from Kansas State University. He is currently employed by AEA 6 and is the psychologist for the Marshalltown High and Anson Junior High schools.

John D. Montgomery has a masters degree in Clinical Psychology from Fort Hays Kansas State College (now University) and a doctorate in Counseling Education from Iowa State University. He has been a Supervisor at AEA 6 for 17 years: 1972-76 Preschool Division; 1976-89 Psychologists; 1977-89 School Social Workers; 1987-89 Consultants.

Author Note

Reprints of this article may be obtained from:
Gerald D. Nunn, Ph.D
Area Education Agency 6
210 S. 12th Avenue
Marshalltown, Iowa 50158

SKILLSTREAMING: AN EFFECTIVE APPROACH FOR TEACHING SOCIAL SKILLS TO DISABLED STUDENTS

Becky Schmitz

Eight disabled students were selected to participate in group work intervention utilizing the Skillstreaming model. The students and their teachers completed pretest and posttest checklists. Results indicated significant improvement in both the students' perceptions and teachers' perceptions of their social skills.

For the handicapped student the ability to survive mainstreamed classroom situations is highly dependent on the students' ability to interact socially. When compared to nonhandicapped students, students with handicaps tend to interact more negatively and less frequently with their peers (Gresham, 1981). Both Goldstein (1980) and McGinnis (1984) have developed Skillstreaming programs for instructing students in acceptable social skills. In his book Goldstein included an annotated bibliography of the Structured Learning Therapy and its application to numerous settings; the components of this include 1) modeling, 2) role playing, 3) performance feedback, and 4) transfer of learning. In applying this approach to the Skillstreaming program, appropriate social skills are modeled to the students, and the students have an opportunity to role play the skills with each other in the small group setting. Feedback on their performance is given to them both by the instructors and by their peers. After the skills have been learned and practiced, the students are required to apply those skills to situations encountered at school, in the home, or in the community (McGinnis, 1984).

As they reviewed social skills training studies, Hughes and Sullivan (1988) addressed the importance of using more than one measure of social skills. Teacher rating scales were seen as both reliable and valid, when teachers were required to rate specific social skills rather than just giving global responses. Gresham (1981) also noted that the teacher ratings of social skills have been validated against both behavioral observations and sociometric data. The use of videotaping to study changes which occur during social skills training sessions was seen as a predictor of how well students could apply those skills to naturalistic settings (Hughes, 1988).

Students need to gain prosocial skills to interact at a socially acceptable level within the school, community and home setting. In the present study the author hypothesized that a group of students could demonstrate significant improvement in their social skills after participating in group work activities following the Skillstreaming model.

METHOD

Subjects

The sites chosen for this project included elementary buildings from two rural school districts in Southeastern Iowa served by the author. The subjects were selected from disabled students experiencing difficulties in social skills as noted in their Individual Education Programs.

Teachers were consulted regarding which students they felt could benefit from social skills training. Four sixth grade students from a multi-categorical special class with integration were selected for one group. Four third and fourth graders from both the multi-categorical special class and the resource room were selected for the second group.

Three out of four members of the first group (students #1-4) had been categorized as mentally disabled and the fourth as learning disabled. One of the four students had a tendency to react aggressively to peers and teachers while the other three students would react more nonassertively. The second group (students #5-8) had been placed in special education under one of the following labels: behavior disorder, learning disability, and mental disability. Three out of four of the students had also been diagnosed as having an Attention Deficit Disorder (one was currently on medication, but the parents of the other two had not permitted them to be on medication). All four tended to react aggressively to both peers and teachers. Ages of students in both groups ranged from 9 to 13, and there were five boys and three girls.

Procedure

During the first group session, the students completed the Student Skill Checklist from Skillstreaming the Elementary School Child (McGinnis, 1984) to establish a baseline of their perception of their social skills. Their teachers completed the teacher Skill Checklist to establish a baseline of their perception of the students' social skills. Most of the teacher forms were completed by special education teachers, but input was also received from regular teachers. Item scores were averaged and items or skills receiving the lowest score were noted, and emphasis was placed on them while planning group sessions. Categories of lowest rated skills included expression of feelings, ignoring distractions, handling complaints and teasing, and the ability to solve problems. Students were also videotaped at the beginning of the group sessions to establish a baseline of social skills. Hypothetical situations devised from the lowest rated skills were given to the students to act out for the cameras without any prior intervention or instruction.

Group sessions included introductions of skills to be learned, discussions of current problems which students were having in these areas, steps for improving the social skills were taught, and role playing exercises to practice the skills. Students were assigned with generalization of skills outside the group sessions. The assignments were the same for each member of the group or, at times, they were individualized due to varying skill levels and differing settings where the skills were to be practiced. Special and regular teachers were informed of the assignments and asked to encourage the students to complete their assignments and provide feedback on behaviors observed between group sessions. Homework assignments were discussed and reviewed at the following session.

A reinforcement system was established to reinforce positive behavior and participation within the group sessions, and group points were applied toward a group party. This was effective for the first group because they were responsive to encouragement and did not need immediate reinforcers. However, in the second group control was a greater problem due to the more aggressive nature of the students. The reinforcement system was changed to provide a warning system, and students receiving two or fewer warnings for misbehavior were allowed to participate in ten minutes of game activity directly following the group session. This was a more effective means of control because the students received immediate feedback and reinforcement, and the indirect benefit was that it provided more informal opportunities for the students to practice their social skills.

Videotaping was used during some group sessions to allow the students the opportunity to observe their more positive behaviors on screen. They were instructed to reenact successfully completed homework assignments using other group members in the role playing. The tape of the first group was also seen by their teacher and class. Examples of comments made while observing their tape included "I didn't know I talked so softly," and "Even though they didn't do it, they looked guilty."

RESULTS

The findings indicated that the students and their teachers noted positive growth in their social skills. Pretest and posttest data were obtained from both the students and their teachers using the skill checklist forms in Skillstreaming the Elementary School Child (McGinnis, 1984). Three months of group sessions occurred between testing.

Table I presents the results of the student testing. Six out of eight students noted positive change in their perceptions of their social skills.

TABLE I: STUDENT SKILL CHECKLIST: Comparison of Pretest and Posttest Scores of Student-Rated Social Skills

Student	Pretest	Posttest	Difference
1	209	239	+30
2	220	241	+21
3	201	222	+21
4	195	229	+34
5	232	216	-16
6	200	226	+26
7	212	216	+4
8	229	223	-6
Mean	212.25	226.5	
Standard Deviation	13.71	9.46	
Wilcoxon Matched Pairs Test			
	z=1.82	p=.06	

Table II presents the results of the Teacher Skill Checklists. All eight students showed positive growth as perceived by their teachers.

TABLE II: TEACHER SKILL CHECKLIST: Comparison of Pretest and Posttest Scores of Teacher-Rated Student Social Skills

Student	Pretest	Posttest	Difference
1	204	237	+33
2	233	278	+45
3	195	200	+5
4	162	210	+48
5	171	176	+5
6	179	186.5	+7.5
7	77	84	+5
8	169	194	+25
Mean	173.75	195.69	
Standard Deviation	45.41	55.62	
Wilcoxon Matched Pairs Test			
	z=2.52	p=.01	

The Wilcoxon Matched Pairs Test was utilized in order to statistically compare pretest and posttest data. The findings on both measures were significant at the .06 and .01 levels. Positive growth was perceived by the teachers for all eight students resulting in a higher significance level.

DISCUSSION

The data in this study supports the hypothesis that the Skillstreaming approach can facilitate significant improvement in student social skills. In comparing the two subgroups (students #1-4 versus students #5-8) the growth was greater for the first group, which was primarily composed of mentally disabled students, than the second group which had behavioral problems. Even though the Skillstreaming curriculum was originally designed for the behaviorally disordered population, in this study the mentally disabled group made greater gains. This would support the belief that social skills need to be addressed for all handicapped populations.

Students in the second group were less attentive and exhibited more aggressive behaviors toward each other than those in the first group. More growth may have been evidenced if students in the second group could have been separated and served in two groups with the introduction of additional students who demonstrated more positive behaviors. Since the students in the second group were experiencing so many behavioral and social problems, they were not able to provide much assistance and modeling to each other in problem-solving activities.

Much of the literature addresses the need for more generalization of skills learned; the use of videotaping as a tool documenting more of this has been suggested (Hughes, 1988). Even the limited use of videotaping in this study was important to provide the students with visual feedback on their performance. Use of videotaping could be expanded to provide more in natural settings and in monitoring student development in both verbal and nonverbal social interactions.

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ABOUT THE AUTHOR

Becky Schmitz, M.S.W., is a school social worker for Southern Prairie AEA 15, Ottumwa, Iowa. She is a past president of I.S.S.W.A. Currently, she is one of Iowa's representatives on The Midwest School Social Work Council. The author wishes to acknowledge Mary Kay Snyder,school psychologist, AEA 15, for her editorial assistance.

BOOK AND FILM REVIEWS

SOCIAL WORK PRACTICE: TOWARD A CHILD, FAMILY, SCHOOL, COMMUNITY PERSPECTIVE. By Edith M. Freeman and Marianne Pennekamp. Springfield, Illinois: Charles C. Thomas, 1988. 354 pp. $39.75 hard.

School social workers have long recognized the benefit of coordinating resources of the home, school, and community to enhance the development of children. More and more professionals in schools and other community agencies are recognizing the need for collaboration and are attempting to do so. Many have found that collaborative practice is often a difficult and frustrating endeavor which may not result in true unified practice. It has been discouraging that there have been few practice principles and tools which facilitate integration of multiple systems and promote shared responsibility to respond effectively to needs of children, families, and communities. Edith M. Freeman's and Marianne Pennekamp's book, Social Work Practice: Toward a Child, Family, School, Community Perspective, makes significant strides in filling this gap. The authors, who are experienced social work practitioners, professors, and consultants, should be commended for their admirable effort.

Freeman and Pennekamp have written a comprehensive text which focuses on practical application of an ecological approach. The book is divided into three sections. The first one addresses the joining process with families, children and adolescents, human service organizations (including schools), other workers, and multi-cultural communities. Emphasis is placed on joining because frequently more than one individual or agency is involved in identifying needs and solutions. Focus is given to the shared responsibility of all who have a stake in the outcome (stakeholders). Natural environments and imposed environments are discussed. The final chapter in "The Joining Process" section presents a shared theoretical map - a tool to enhance the joining process.

In Part Two, "Reframing Daily Practice: Cases & Programs," the focus is on putting knowledge from the first section into practice. Chapters deal with how to get started, as well as identifying and linking patterns observed in individual cases with collective needs in program development. Program planning along the life continuum, for populations at risk, for children and youth with special education needs, and for transition from school to work is addressed. The last chapter in this part highlights application of the shared theoretical map and concludes with nine practice principles which underlie a unified practice approach.

Part Three, "Enhancing and Maintaining Oneself As A Resource: Focus On The Worker," is also a welcome feature of the text. Preservation and growth of practitioners are essential to continue their value to clients and themselves. Building support networks through preservice and on-going education is discussed. Such an approach can assist practitioners in understanding a unified ecological practice approach and facilitate joining with other professionals and agencies. Ways that social workers can remain creative and effective in a demanding, often stressful profession are presented. A unified approach to practitioners' life-long development through use of the shared theoretical map is outlined.

Social Work Practice: Toward A Child, Family, School, Community Perspective is well-organized text and suggestions for self-guided learning are offered at the end of each chapter. In many ways it is a "how to" book with theoretical underpinnings and would be a useful tool for teaching. There are multiple examples about cases, agencies, and communities which illustrate the approach the authors present. Although the book may appear to be written for the fairly new practitioner, it is also an excellent source for the more experienced practitioner to use in reconceptualizing practice. Such reconceptualization and restructuring of practice is necessary if professionals and communities are to move ahead and successfully implement a unified practice approach.

Ronda Parks Armstrong, A.C.S.W., L.S.W.
School Social Worker
Heartland AEA 11

IN THEIR OWN WAY: DISCOVERING AND ENCOURAGING YOUR CHILD'S PERSONAL LEARNING STYLE. By Thomas Armstrong, Ph.D., Los Angeles: Jeremy P. Thatcher, Inc. (Distributed by St. Martin's Press, New York), 1987. 210 pages. $16.95

This book, aimed primarily at parents, asserts that schools are failing to teach large numbers of children due to their intolerance of individual differences. Thomas Armstrong is a psychologist specializing in human development and a former learning disabilities specialist. Armstrong strongly condemns the notion of 'learning disabilities" which he says was invented in 1963 and has proliferated as a movement ever since. He advances a concept of "learning differences" and believes that all children are capable and gifted if we look for their talents and abilities. Armstrong left the special education field because he "began to see how this notion of learning disabilities was handicapping all of our children by placing the blame for a child's learning failure on mysterious neurological deficiencies in the brain instead of on much needed reforms in our systems of education." (p.ix)

Armstrong views schools as "worksheet wastelands" that fail children with poorer verbal and logical skills. He describes seven personal learning styles ("multiple intelligences") including linguistic, musical, kinesthetic, and interpersonal and asserts that schools only accommodate two to three types. He is highly critical of traditional testing and cites persuasive arguments and research findings to back his position. For example, he cites the "test until find" approach that is often used when initial screening does not identify a disability. He also cites the practice of testing heavily until the program is full then discouraging referrals. Armstrong favors criterion-referenced measures, informal testing, and observation.

Armstrong urges parents to "protect" their child from testing and to advocate for more appropriate teaching methods. In Chapter 6, entitled "Bodywise: Making Learning Physical", Armstrong describes how many children need to learn through their bodies and how these children become frustrated when they have to sit quietly for long periods of time. He suggests activities such as exercise breaks, art activities, manipulatives, and learning by doing as most appropriate for kinesthetic learners. In Chapter 8, entitled "Teaching With Feeling", Armstrong cites the need to help children cope with stress and understand their emotions through classroom activities.

This book presents a hard-hitting critique of regular and special education that will appeal to many parents who see their children as essentially normal. Armstrong's arguments support the regular education initiative and call for schools to serve all learners by teaching with a variety of modalities in the regular classroom. Armstrong urges parents to become advocates for their children and gives parents specific suggestions for working with their children at home. In the final chapter, he speaks to the need for a "nurturing environment" in the home and school.

Armstrong has written a book in the tradition of Thomas Szasz (critic of psychiatry) and Dianne Divorky (critic of hyperactivity) and has written it well. His arguments against testing, labeling, and special education are persuasive and gaining in popularity. This book is recommended for teachers and support staff as well as parents. Armstrong's interest is getting the best education for all children. In Their Own Wy challenges our traditional ways of thinking and suggests that all children are able learners, if the educational system responds appropriately to their unique differences.

Kate McElligatt, ACSW, LSW
School Social Worker
AEA-7

DUAL DIAGNOSIS: EATING DISORDERS AND CHEMICAL DEPENDENCY.
Fletcher Communications Group, 1988. VHS/30 min.

This film, produced at Mercy Hospital in Des Moines, demonstrates the dual dependencies of eating disorders and chemical dependency, gives warning signs to look for, and discusses treatment programming. The film opens with glimpses of the "thinness industry" that emphasizes "thin is in" and pushes women to lead lifestyles which are beyond their physical and emotional limits. Many people, in their efforts to be thin, physically fit, and socially accepted, are compelled to excess and become addicted to dieting, excessive exercise, and drug use or drinking.

Two young women tell their stories. Lisa dieted in college due to a preoccupation with thinness and popularity. This led to binging only after her inhibitions were released through drinking. After college, Lisa worked in a weight loss clinic and dieting and exercise were her life's obsessions. She eventually sought treatment for her eating disorder but did not know she was also an alcoholic. Pat traveled in a social group which valued thinness as a young adult. She used drugs experimentally and found that cocaine took away her appetite. She became 30 pounds underweight and spent about 20 thousand dollars before seeking treatment. These women's stories show how the abuser is troubled by depression, guilt, and poor self-image. Relationships with others become more distant making it less likely that a friend or family member will recognize the problem and bring the person to help.

Several important points are brought out in this film. We need to change our notion of ideal body image and reject unrealistically thin images. In our quest for thinness, dieting and chemicals become a lifestyle and then a vicious circle for many women. Many people have dual dependencies which both need to be treated but this is often unrecognized.

The film explains symptoms to look for, and discusses proper treatment and what to look for in a facility. Experts say that recovery is a slow process, that relapses are common, and that the prognosis is guarded. The importance of aftercare is emphasized.

This film is geared toward the professional audience. It does a good job of raising awareness of the problem and providing guidelines for diagnosis and treatment. It could also be used with older senior high students and their parents. Young women between the ages of 13 and 30 are most at risk. Prevention education with these women and their parents might reduce the incidence of the problem or assist with earlier recognition and treatment.

Kate McElligatt, ACSW,LSW
School Social Worker
AEA-7

KELLY'S CREEK. By Doris Buchanan Smith
New York: Thomas Y. Crowell Company, 1975.

This book, written from the vantage point of a nine year old boy with learning disabilities, illustrates the home and school problems these children face and how they experience success. Kelly has visual perceptual and motor difficulties and attends special classes part of the school day. He has to carry a "progress report" home to his parents and he dreads their reaction when it indicates no progress. Kelly has difficulty writing letters and numbers and has to trace with templates at home and at school. He finds school extremely frustrating but tries hard and feels dejected when teachers and parents say he's not trying and must try harder. Besides his academic problems, Kelly's inability to ride a bike or play ball games separate him from his peers.

Kelly's greatest joy is to play in a creek behind his home. He meets a college student studying marine biology who befriends him and teaches him more about the marsh plants and animals. With this older friend, Kelly finds acceptance and success experiences that escape him in school and peer relationships.

This book, although dated, offers a veritable wealth of information about how children with learning difficulties perceive their lives. Kelly's inner life, including how he covers up his true feelings and how he tries to remain seated quietly in the classroom are illuminated. This book, winner of several awards, has numerous applications. It could be read to regular classes where special education students are integrated to increase the students' understanding of learning difficulties and empathy toward these students. It could be used with special education children, individually or in a group, to aid self-acceptance and open up discussion on the frustrations of being learning disabled. It could also be used with parents of learning disabled children to help them see the child's point of view and sensitize them to the children's perception of adult expectations and rewards and punishments. Kelly's Creek is most likely available to you through your library or media center and should not be forgotten!

Kate McElligatt, ACSW, LSW
School Social Worker
AEA-7

KIDS ARE BEAUTIFUL. By Mel Wheeler and Judith Brown.
Cassette Tape

Perky, fun, upbeat, warm, silly, lively, thoughtful - these are a few of the adjectives that come to mind about Judi Brown and Mel Wheeler's "Kids are Beautiful People" cassette tape and sing along coloring book for kids of all ages. Judi and Mel have created 13 delightful songs "to help kids feel better about themselves and the world around them". Lower to mid-elementary age boys and girls would particularly enjoy singing the bouncy tunes - either individually, or in groups. At school lessons on self-esteem, being the best we can be, responsibility, making choices, friends, etc., could easily be built around the song themes. The catchy tunes and fun words would most likely be remembered and hummed long after the "lesson" had been forgotten. This tape would definitely be a fun way to get across important messages.

"Kids" of all ages seem to enjoy these songs. Toddlers enjoy bouncing to the beat; preschoolers enjoy saying and feeling fun new words like "opportunity", and thankfully, adults-who are likely to hear these tunes over and over and over again if they give the tape to their kids or students - will enjoy the variety of musical types and the pleasant way it is performed. My personal favorite selections are "Little Bit of Me", "Opportunity", and "Kids are Beautiful People". I'll look forward to more songs from Judi and Mel in the future.

Julianne Ward, M.S.W.
School Social Worker
Heartland AEA-11

To find the location nearest you to buy this cassette, call Kid's Company (515) 279-4831. To order by mail, write Walnut Hill Farm, 112 140th Avenue, Carlisle, IA 50047. Tapes are $12.95 (add 4% tax for Iowa residents). Shipping is included.

PARENT INVOLVEMENT: CORNERSTONE OF SCHOOL SOCIAL WORK PRACTICE. By P. David Kurtz and Richard P. Barth.
Social Work (NASW Journal)
September, 1989, pages 407-413.

This is not a book review but rather a journal article review. I have been a member of the National Association of Social Workers for twenty five years, and in all those years I have found little of interest to read in the national journal of NASW, SOCIAL WORK, until now. This article is worthy of an ISSWA review.

David Kurtz, University of Georgia, and Richard Barth, University of California, Berkeley, are both social work professors. They have written an outstanding and understandable article about school social work practice as reported by 253 school social workers from 24 states, including Iowa and 64 of its school social workers.

Iowa is presently engaged in developing and implementing a Renewed Service Delivery System (RSDS) directly affecting school social workers serving Iowa students and families. Central to this RSDS process must be attention to the fact that "evidence is mounting that when parents are involved in their children's education, the children perform better in school." Couple that fact with the fact that school social workers spend more time working with parents than any other school personnel, and you have a very, very important component of the definition of our unique role in the schools.

School social workers are involved in school-based student problems and family-based student problems, according to Kurtz and Barth, headed by handicapping conditions, discipline, academic, mental health, and truancy in the schools, as well as child rearing and management, parent-child communication, family transition, child abuse and neglect, and family alienation in the home. In almost all of these areas, the intervention of choice by school social workers was the parent conference either at home or at school.

"School social workers' sometimes staggering caseloads and the large number of schools they served often necessitated rapid interventions. Yet, when school social workers described what they did to make a significant difference with parents and students, they described complex, multicontact, lasting interventions." Perhaps Iowa will consider in its Renewed Service Delivery System "reducing caseloads and school sites to encourage more school-to-parent contact" as Kurtz and Barth suggest.

No Iowa school social worker can afford to overlook this seminal NASW journal article. Parent involvement is and should be the cornerstone of school social work practice. And Kurtz and Barth also point to many future research needs in this area, such as indicating "clearly what school social workers actually do during their parent contacts and what changes in student or schools life" result from these interventions. Read this article in your profession's journal as soon as possible. And re-read it.

Ronald L. Troy, ACSW, LSW
School Social Worker
Western Hills AEA 12

Iowa Journal of School Social Work
Call For Papers:
School Social Work With Students At Risk

The Iowa Journal of School Social Work announces plans for a special issue which will focus on school social work with students at risk. The Editorial Board of the Journal invites authors to submit papers that address the following issues:

- Descriptions of school social work programs or specific intervention practices designed to address the needs of students at risk
- Multidisciplinary approaches to developing strategies for identifying and serving students at risk
- Models and practices related to coordinating community and school resources to serve students at risk
- School social work practices with families of students at risk
- Practices directed at the following at risk problem areas:

  Sexual and physical abuse
  Suicide prevention and response
  Teen pregnancy
  Drug abuse prevention and intervention
  Drop out prevention
  Family Violence

Manuscripts must be submitted to:

Ronda Parks Armstrong
Iowa Journal of School Social Work
Box 4852
Des Moines, Iowa 50306
(515) 246-8405

Manuscripts must be submitted by: January 22, 1990*

Format: Optimum length for manuscripts is 12 double-spaced, typewritten pages. An original and 3 copies must be submitted with an abstract of approximately 100 words and a vita of 50 words. Shorter practice notes will be considered. APA style is required and footnotes must appear at the end of the text. Additional information is available from the address above.

* Deadline has been extended to March 1, 1990

Iowa Journal of School Social Work
Call For Papers:
School Social Work With Infants And Toddlers

The enactment of P.L. 99-457, Part H of The Education of the Handicapped Amendments of 1986, calls for coordinated services to infants and toddlers and their families. A special issue of the Iowa Journal of School Social Work will highlight the critical role played by social workers in facilitating family centered approaches to serving this population. The Editorial Board of the Journal invites papers on the following topics:

- Case management practices with infants and toddlers and their families
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- Training other professionals to work with families in a family centered approach

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JUNE, 1990
VOL. 4, NO. 2

CG 030872

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Manuscript
Editor
Ronda Parks Armstrong, L.S.W.
IJSSW
Box 4852
Des Moines, IA 50306

Book & Film
Review Editor
Kate McElligatt, L.S.W.
AEA #7
3706 Cedar Hgts. Dr.
Cedar Falls, IA 50613

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IJSSW
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EDITORIAL COMMENTS

Through the publication of THE IOWA JOURNAL OF SCHOOL SOCIAL WORK(IJSSW), Iowa School Social Workers' Association has placed a high priority on practitioner access to relevant information and to an opportunity to write for the profession. Gradually Iowa practitioners are showing interest in and are writing for IJSSW and other professional publications. Over the past year an increased number of manuscripts have been submitted to IJSSW for review.

It is vital for the future of the school social work specialty that writing for professional publication continues to gain in popularity. Practitioners, however, may not identify writing for the profession as a positive goal. Reframing how practitioners view writing for publication is necessary to increase interest and follow-through. How practitioners think about writing must be changed from a negative to a positive connotation. Practitioners must shift from an often-held opinion that publishing is for academicians and researchers to owning personal responsibility for writing. Thinking must change from "I can't" to "I can".

School social work practitioners need to consider writing for the profession as an important and necessary practice goal. Such writing is a valuable way to promote school social work. Each practitioner shares a responsibility to contribute to and advance the knowledge base of school social work. It is helpful for school social workers to write about their practice. Articulating concepts, explaining interventions, or presenting research sharpens a practitioner's skills and knowledge, and identifies best practices for his/her own practice and that of others. Professional writing is also an excellent way to demonstrate practice effectiveness by documenting outcomes of services.

For some it is the energy and creativity involved in writing that promotes their own professional growth. It is the very activity that keeps practice vital and enlightening. Writing for publication can be the element that gives "spark" to the day-to-day routine.

The 1990s have dawned. It is a decade in which school social work practitioners can ill afford to not place greater priority on professional publication. With the current emphases on the Renewed Service Delivery System, serving at-risk youngsters, services for infants and toddlers and their families, and the vast array of social and family issues affecting education it is a prime time to capitalize on the knowledge, support, and service accountability offered through professional publication.

To achieve a goal of more practitioners writing for professional publication, additional support for this activity must be generated. Practitioners may not make attempts to publish because they lack self-confidence, are uncertain how to proceed, or due to time and resource constraints. With professional organizations, universities, supervisors, agencies, and practitioners working together obstacles can be overcome. For example, supervisory guidance, agency and peer recognition, incentives, mentors, inservice opportunities are all ways to help. In addition, McCullagh (1988) has written several articles which provide an excellent guide for school social workers about the process of writing articles and overcoming obstacles.

Each one of us has an opportunity to make a difference by reading THE IOWA JOURNAL OF SCHOOL SOCIAL WORK, writing and submitting items, and/or encouraging others to do so. Together we are making a valuable contribution to school social work knowledge base and practice. Are you doing your part?

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Ronda Parks Armstrong, L.S.W.
Manuscript Editor

THE CHALLENGE OF DEMONSTRATING THE OUTCOMES OF SCHOOL SOCIAL WORK INTERVENTION

The public interest in accountability in public education is clearly growing. In 1986 the State Board of Education responded to this trend by initiating a five year plan for quality education in Iowa (Iowa Department of Education, 1986). The plan identifies goals for the educational system and goals for student performance. As efforts are directed at accomplishing these student performance goals, the need to demonstrate what specific student outcomes are achieved when particular educational interventions or services are employed will become increasingly essential.

In special education, the Iowa Renewed Service Delivery System initiative (Iowa Department of Education, 1989) has a major emphasis on problem solving assessment that is directly linked to specific interventions, direct and frequent progress monitoring of intervention effects and the establishment of clearly stated outcome criteria. This effort also reinforces the need to demonstrate in a data-based manner that school social work intervention results in the improved academic and behavioral performance of students.

For school social workers this means that methods for documenting behaviorally specific intervention effects in direct practice must be utilized with increased frequency. This might include the use of pre and post intervention measurement procedures, and graphing techniques for monitoring progress and demonstrating intervention outcomes. School social work program evaluations also need to be conducted more frequently in order to provide documentation of the collective impact of school social work services on student performance.

Articles in recent issues of the Iowa Journal of School Social Work provide examples of data-based procedures that can be used to demonstrate the effectiveness of school social work interventions. Singer (1989) has illustrated the use of pre and post measurement in demonstrating the effectiveness of a "special needs program" for social skill training. Pretest and posttest checklists were also used by Schmitz (1989) to demonstrate improved behavior of students who participated in group social skill instruction provided by the school social worker. Kopper-Roland (1986) has demonstrated the outcome of a home-based family intervention program by graphing baseline data and changes in target behavior throughout intervention. Finally, Pothast and Bouillion (1989) have provided valuable information regarding various measures that can be used by school social workers in assessment, intervention planning and implementation, and evaluation of interventions effects.

In addition, a number of other resources are available and should be utilized to further accountability in school social work practice. McCullagh and Meares (1988) present a collection of works which are very useful in conducting practice-based research. Bloom and Fischer (1982) propose a valuable set of guidelines and practical information for evaluating social work practice. In a most understandable and practical format, Blythe and Tripodi (1989) provide extremely useful information regarding the use of various measurement procedures in direct social work practice.

As is evident from the literature, the technology for demonstrating outcomes is developed, available and familiar to school social workers. However, the future growth of school social work services and the recognition of the unique contribution of school social work to education will not be realized and supported by policy makers and decision makers without a broad-based commitment to the use of these procedures by school social work practitioners. This is truly a major challenge for the future of the profession.

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ABOUT THE AUTHOR

James P. Clark, ACSW, LSW is Consultant, School Social Work Services, Iowa Department of Education, Bureau of Special Education. He is currently a member of the Midwest School Social Work Council, a member of the National Association of Social Workers' Commission On Education, and President of the National Council of State Consultants For School Social Work Services.

VIEWPOINTS: This section is for reader comments and other related issues. We welcome your input.

ATTENTION DEFICIT HYPERACTIVITY DISORDER: ISSUES IN TREATMENT

Cindy Reitz and Nancy Lindgren

This article is the second of a two-part paper on Attention-Deficit Hyperactivity Disorder (ADHD). Assessment and diagnosis were covered previously in the December, 1989 issue. The present article addresses the stressors associated with parenting an ADHD child and the implications for effective interventions by a school social worker. Also discussed are the unique psychosocial, emotional and behavioral aspects of ADHD that the child experiences and must accommodate throughout his or her life.

School social workers are essential participants of a multidisciplinary team in the diagnosis and treatment of a child with Attention-Deficit Hyperactivity Disorder (ADHD). Diagnostic assessments within the school setting are a key component when a diagnosis of ADHD is considered (Reitz and Lindgren, 1989). After a child has been diagnosed with ADHD, numerous treatment options for the child and his/her family may be considered. This article addresses the stresses associated with ADHD, effective treatments, unproven and disproven treatments as well as practice implications for school social workers.

STRESSORS ASSOCIATED WITH AN ADHD CHILD

Does the behavior of a child affect the way others react to him or her? Parents and teachers who cope with a difficult child can testify that their behaviors can drive even the most patient individual to the brink of despair.

ADHD creates difficulties for children both at home and at school. These often take the form of behavioral acting out, in which the child who is unable to attend or retard impulses becomes loud, disruptive, and disobedient (Walker, 1983). These children quickly learn to evoke a great deal of negative attention from teachers, parents, and peers. The result is often severe emotional difficulties reflecting the child's own assessment of his or her limitations, as well as the label "bad child" their acting out evokes. These emotional difficulties are often expressed as negative self-esteem, external locus of control, and feelings of anger and frustration (Klee, 1986).

During the 1970s, research suggested that children with ADHD had more widespread problems which included difficulties in obedience to rules, self-control, and social conduct. A study on mother-child interactions of ADHD children, by Susan Campbell (1975), suggested that ADHD children are less compliant, more attention seeking, and more in need of supervision than normal children. Barkley and Cunningham replicated the study in 1979 and found that ADHD boys are more negative, noncompliant and interact less positively with their mothers than normal boys. They also found the ADHD mothers were less responsive, more directive and negative toward their children. There is convincing evidence that the behavior of an ADHD child directly affects the way her/his parents respond to her/him. Child-rearing methods can also impact the severity of the problem. Signs of the disorder may be minimal or absent when an individual is receiving frequent reinforcement or very strict control, or when involved in a one-to-one situation. The ADHD child needs consistent discipline with clear limits and appropriate rewards.

Frequently the ADHD child's behavior leads to stresses within the family. Psychiatrists, psychologists and social workers differ on how these stresses originate. Some feel family stresses are the cause of the ADHD child's problems. Others feel that stresses in the family are "understandable reactions to the burden of the child's unpredictable and difficult behavior" (Wender, 1987, p. 35).

Mash and Johnston (1982) suggest that younger hyperactive children pose more difficulties to their mothers than older hyperactive children. They noted maternal distress is frequently indicated in clinical and experimental work with families of hyperactives. Other studies (Blumberg, 1980; Griest, Wells & Forehand, 1979; Patterson, 1980) reported higher levels of depression and anxiety in mothers and noted they also perceived their children more negatively. Mash and Johnston suggested parents of hyperactives report greater maternal stress and perceive their children as more problematic. The parents reported lower levels of parenting self-esteem and saw themselves as less competent in their skill and knowledge as a parent. The study suggested that mothers of hyperactives are more severely stressed than mothers of normal children.

Fewer studies have been conducted on the father's response to the child's syndrome. Yogman, et.al., (1986) suspected they were similar to the mother's response, but that they also were more withdrawn from the child.

ADHD children demand much attention and caring and may cause parents to become physically, mentally and emotionally exhausted. Wender (1987) supports the findings that parental relationships suffer as a result of the tensions surrounding the child's problems. Bloomingdale (1984) cites a study by Dennis P. Cantwell (1974) which found that "half of the parents of a group of fifty hyperactive boys, aged 6-11, suffered from alcoholism, sociopathy, and hysteria" (p. 285).

Barkley (1985) cites a study by Richard Bell (1977) which indicated that parents have upper and lower limits in regard to expectations of behavior. A child who exceeds a parent's upper limit is responded to "in terms of frequency, intensity, duration or salience with increased commands, directions, control, supervision and even punishment" (p. 121). A number of side effects may develop as a result of these interactions. For example: they may cause a decrease in the amount of recreational time between the child and the parent, heighten negative effect in both parties, spill over into the interactions of other family members, etc. A study by Buss (1981) found that families with highly active children have more strife, power struggles, competition, impatience, and hostility in their interaction patterns than families of less active children.

A child with ADHD may create ongoing stress. To cope with this stress, family members may split or unite against other members. Renshaw (1974) indicated that the ADHD child "stimulates recurrent negative reactions in parents who then take on the additional burden of guilt for their frustrations and frequent rejections of the child" (p. 115).

EFFECTIVE TREATMENTS

Numerous treatments have been suggested and studied over the years. Stimulant drugs, such as methylphenidate (trade name Ritalin) and dextroamphetamine (trade name Dexedrine), appeared to be useful and are the most common form of treatment for ADHD. During the 1960s and 1970s, many well-designed drug studies indicated the drugs such as dextroamphetamine and methylphenidate improved symptoms in about 70%-80% of ADHD children. These studies indicated improvement in the school performance and behavior; less aggression and increased goal-oriented behavior occurred with the use of these drugs. Improvements in sustained attention span, impulsivity, short-term memory and fine motor skills also resulted from the use of these drugs. Gittelman, Klein, and Feingold (1983) suggested that behavioral problems in the classroom were responsive to medication, but that visual, perceptual, and cognitive deficits were not responsive.

Weiss and Hechtman (1986), Ziegler and Holden (1988), and Johnston (1988) stress the importance of other interventions. The authors reported several studies which suggested that better results are seen regarding improvement of the ADHD child's behavior if a combination of methylphenidate with behavior modification techniques are used. Weiss and Hechtman cited studies by Douglas and Barkley which further suggested that self-control training with the child also showed some improvement of the child's behavior and may be beneficial when used in combination with other treatments. The authors also reported a study conducted by Satterfield which indicated that individual, family and group psychotherapy and adjustment in the classroom used in combination with stimulant drug treatment were beneficial in reducing antisocial behavior and improving academics.

Three key aspects of child development that are undermined by the attentional disorder are self-esteem, ability to manage frustration and sense of control. Ziegler and Holden (1988) state both educational plans and medication must be supplemented with other treatment modalities, such as environmental manipulation, individual therapy, and family therapy so that academic, interpersonal, and emotional performance by the child can be improved as much as possible.

Weiss and Hechtman (1986) noted studies which suggest that "hyperactives" continue to have educational and work difficulties throughout their life. These individuals tend to have an increased number of residential moves, job changes and debts, which may be indicative of a more impulsive lifestyle. "Hyperactives" have more emotional and aggressive problems than their "normal" peers. Studies indicate that stimulant drug treatments in childhood seem to have no significantly negative effects. In fact, stimulant drug treatment in childhood has been shown to result in less social ostracism. The ADHD individual, therefore, feels better about others and him/herself.

UNPROVEN/DISPROVEN TREATMENT OF ADHD

Over the years numerous other treatment approaches have been very popular. These approaches have included dietary and nutritional treatments, limiting the use of fluorescent lighting, treatment of allergic reactions and biofeedback treatments.

A study by John Ott (1974) suggested that fluorescent lighting may produce ADHD behaviors in children who were exposed to this type of lighting source. Other studies, however, have shown no difference in the effects of fluorescent lighting on children's behavior when compared to other lighting sources (O'Leary, et.al., 1978).

The use of megavitamins for treatment of misbehaviors in children is also an unproven theory. Lendon Smith (1976) proposed that vitamin deficiencies or imbalances can lead to hyperactive behavior; however, there is no scientific evidence to support this theory. In fact Smith's proposal contradicts well-known principles of learning and behavior.

Another popular theory is that high levels of sugar cause hyperactivity. This theory continues to be tested; however, most studies indicate that sugar is "unlikely to be a major etiology of hyperactivity in children, as the rates of sugar consumption do not appear to differ between hyperactive and normal children" (Barkley, 1981, p. 413).

Yet another study is that ADHD children are displaying hyperactive symptoms due to allergic reactions. ADHD children in general tend to have a greater degree of allergies than their normal peers; however, there is no evidence that these allergic reactions are the cause of the child's behavior.

Most scientists do not consider therapies, such as the "Feingold diet", as an effective alternative to the more traditional treatment therapies for coping with ADHD (Ingersoll, 1988). Investigators warn that children on the Feingold diet may suffer less than desirable levels of Vitamin C and carbohydrates, which are usually excluded from their diets. In fact, even Feingold's advocates failed to find any significant difference in children's behavior when a double-blind test on artificial food color was conducted.

Another popular treatment is the training of ADHD children in progressive muscle relaxation or biofeedback assisted manipulation of psychophysiological or physiological functions. Efforts to train ADHD children in the use of these techniques have failed to produce any significant improvements in the children's ADHD symptoms.

IMPLICATIONS FOR PRACTICE

To do competent assessments, treatment planning referral, advocacy and therapy with ADHD children and their families, knowledge of its many facets is essential. School social workers and other members of the multidisciplinary team aid in the identification and evaluation of behavioral concerns commonly associated with ADHD and provide valuable assistance in helping the physician with the diagnosis of ADHD.

Once the medical diagnosis of ADHD has been made and a treatment plan developed and implemented, case management by a school social worker becomes necessary and essential. As case manager, the school social worker provides coordination and communication among the specialists involved in prescribing medication and treatment, school personnel, and the parents. The social worker may also perform the valuable functions of monitoring the effects of medication dosage levels by coordinating observations of parents and teachers and transmitting information among involved parties. Responding to crises by contacting all people needing to be informed and assuring accountability of all service providers to the child and family are also important components of case management.

School social workers commonly address parenting concerns, teach behavior management techniques and help families to function better. Parents with an ADHD child suffer a greater degree of stress which may result in negative interactions between the parent and child. Schools, physicians and evaluation agencies recommend that parents with an ADHD child seek family or parental counseling to address developmental concerns and stresses associated with ADHD impacted children.

There is a need for effective support for families to enable the development of the child's relatedness to others. Support groups for parents with an ADHD child may be helpful. The parental support group may be initiated by a school social worker who may also become the group's leader and coordinator. Group therapy or support groups can provide a variety of benefits, support and reassurances for the families of ADHD children. Families discover their problems are not unique. They are able to express feelings they have repressed at home or on the job (Wender, 1987). Parent discussion groups conducted by a school social worker provide information and help parents become aware they are not the only ones who sometimes hate their child or are baffled because they don't know what to do. Parents discover other parents also blame themselves for the problems and stresses they experience. Support group discussion can give the needed support to help ease the frustrations and stresses these families face while emphasizing a coping attitude rather than a cure for ADHD.

Support groups may also provide practical help such as teaching behavior management techniques and giving opportunities for families to share experiences, problems and exchange solutions. Families may feel more comfortable in a group setting versus private counseling while receiving valuable support in an economical manner.

The maintenance of the ADHD child's self-esteem requires appropriate modification of expectations by both the child and parents. The ability to manage frustration is an important emotional skill in children if they are to remain connected to learning while struggling with diminishing school skills. Faced by these developmental issues, parents must also learn new and appropriate child-rearing skills. Individual or group treatment must address the impact of ADHD on both the child and his/her parents to replace maladaptive responses with opportunities for healthy development (Holden and Ziegler, 1988).

In each developmental period, the impact of ADHD is experienced anew by the ADHD child and self-esteem, frustration tolerance, and self-control can one again become problems. To deal with the anticipated reoccurrences, a psychotherapeutic-educational model is highly recommended in which parents and children are taught to distinguish the unique aspect of ADHD from the child's own emotional reactions and other facets of their personalities (Ziegler and Holden 1988). Modifications of the psycho-therapeutic tactics developed to meet the changing needs of each ADHD child and their family are also highly recommended.

A thorough understanding of attentional disorders in children permits a school social worker to assist the child and family to discriminate between the different effects of ADHD, the developmental stage and the unique needs and style of the child and family. Other problems experienced by the child, such as performance anxiety, depression, or angry devaluations of the school, also need to be evaluated and handled. In addition, confusing the child's fear of failure, or poor attention with laziness or lack of motivation by authority figures should be addressed to alleviate child-teacher or parent-child conflicts.

Social skills training is often recommended for a child experiencing peer difficulties. Social skills training may be implemented by the school social worker and involve a group of non-ADHD children also experiencing peer difficulties. The group would be taught to share and practice socially appropriate behaviors and provide appropriate peer interactions for the ADHD child. Another type of group a school social worker may chose to develop is a self-control program for children. During group sessions, a social worker may address the children's concerns as well as educate them about the syndrome and ways to deal with it.

School social workers are an integral part of the assessment, evaluation and treatment process of ADHD. Their professional preparation affords a systemic approach to human interaction and enables the social worker to provide necessary information and skills for the holistic treatment of ADHD children and their families.

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ABOUT THE AUTHORS

Cindy Reitz, M.S.W., is a school social worker with Northern Trails Area Education Agency in Clear Lake, Iowa.

Nancy Lindgren, M.S.W., is a therapist for Women's Health Center in Mason City, Iowa. She was previously employed by Northern Trails Area Education Agency.

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ATTENTION DEFICIT HYPERACTIVITY DISORDER: An Annotated Bibliography (Part II)

Sallie C. Verrette

This bibliography is part of a project intended to provide school social workers with easily accessible information on a variety of specialized topics. The topic of this bibliography is research on attention-deficit hyperactivity disorder published since 1980. From approximately one hundred articles, thirty-one were selected for inclusion and briefly summarized. Topics include medication, non-drug therapy, characteristics and etiology of attention-deficit hyperactivity disorder and longitudinal and prospective studies. Part II presents articles in the categories of non-drug therapy and longitudinal and prospective studies. Part I, which appeared in the previous issue, covered the topics of characteristics and etiology and medication.

The following bibliography is selective and the conclusion of an effort to provide quick access to research on attention-deficit hyperactivity disorder (ADHD) published since 1980. It will be noted that there are only three articles dealing with non-drug therapy alone. However, several of the articles in the medication category listed in Part I (Verrette, 1989) also include discussion of non-drug therapy. Of particular interest is the Satterfield et al. report on a three-year multimodality treatment study, an article which might also have been included in the last category of articles dealing with prospective and longitudinal studies. Important contributions to this section are the three Hechtman and Weiss articles whose authors have recently published their work in Hyperactive Children Grownup.

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Non-Drug Therapy

Brown, R. T., and Alford, N. (1984). Ameliorating Attentional Deficits and Concomitant Academic Deficiencies in Learning Disabled Children Through Cognitive Training. Journal of Learning Disabilities, 17 (1), 20-26.

Brown and Alford review work on cognitive training and its use in improving attentional deficits in LD children. They cite Meichenbaum's belief that these children use poorly organized cognitive strategies for solving problems. He advocates a task-analytic approach whereby the child is taught appropriate cognitive strategies. Studies with normal children show cognitive training leading to improvement on laboratory measures of attention and impulsivity. There is a lack of research on the application of cognitive self-instruction attentional training procedures with LD children. Brown and Alford worked with 20 children with severe attention problems with a mean IQ of 90.8, from the middle class. 10 children were used in a training group, 10 in a control group. The training consisted of 2 months in which the children were seen individually for 21 hour-long sessions. The article details the training methods and test results. Testing showed the training group to improve significantly on reading scores and attention, particularly attention to letters. In all testing attentional improvements were greater than improvements in impulsivity. They advocate the use of a cognitive attention package but offer only anecdotal evidence that on-task behavior improved over a long period and they cite the need for further empirical investigation.

Guevremont, D. C., Tishelman, A. C. and Hull, D. B. (1985). Teaching Generalized Self-Control to Attention Deficit Boys with Mothers as Adjunct Therapists. Child and Family Behavior Therapy, 7 (3), 23-37.

Self-instructional training represents one approach for modifying the impulsive performance of hyperactive children. Teaching children self-control has been advanced as a means of promoting the generalization of behavior change to the child's natural environment. The authors attempt a program to be employed within the constraints of weekly 50-minute sessions in a mental health center. In this study, parents were trained as adjunct therapists and the self-instructional training was tailored to specific deficits in the child's academic performance. Self-instructional training proceeded as follows: (a) the therapist modeled the task while verbalizing the self-instructional steps aloud; (b) the child performed the task while verbalizing the self-instructions; (c) the child performed the task while saying the self-instructions to himself. Verbalization related to problem definition, focusing attention on the task, self-evaluations, using coping statements, and self-acknowledgement. Both boys in the study had been consistently underachieving and both boys received improved grades. The authors feel that the self-instructional training also provides a useful problem solving approach as well as specific strategies.

Wender, E. H. (1986). The Food Additive-Free Diet in the Treatment of Behavior Disorders: A Review. Journal of Developmental and Behavioral Pediatrics, 7, 35-42.

Wender cites the prevalence of ADHD (4-10% of school age children) and learning disabilities and takes note of the emotional anguish incurred since the children involved are of average intelligence and usually normal appearance. Families are often eager to embrace dietary treatment which is perceived as free of side effects. The Feingold diet was developed initially as a treatment for aspirin sensitive adults. Based on Feingold's assertion that aspirin sensitivity sometimes had behavioral symptoms, he extended the diet to children who had behavior problems caused by learning disabilities and hyperactivity. He stated that there has been a sharp increase in prevalence of hyperactivity-learning disability, an assertion for which there is no evidence. He also claimed that the diet would improve behavior in juvenile delinquents, mentally retarded children and improve some cases of epilepsy, enuresis, and headache. No data were submitted to support these claims; in the case of LD/hyperactivity the evidence was clinical case descriptions and those were not controlled studies. In subsequent challenges studies, no evidence was found to support Feingold's claims. Approximately 240 children were evaluated and only 2 or 3 showed any consistent behavioral change. Management of these issues in working with families is difficult because explanations providing scientifically correct information may not be accepted. Directing his remarks primarily to physicians, Wender advises against confrontation as counterproductive. Since the trial is not inherently harmful, a more successful approach is to acknowledge that the diet is the parents' choice, while stating clearly the information based on scientific investigation. Over time, families begin to relax the restrictions and begin to acknowledge that there is no dramatic behavioral deterioration as a result.

Longitudinal and Prospective Studies

Campbell, S.B., Breaux, A.M., Ewing, L.J., Szumowski, E.K. (1984). A One-Year Followup Study of Parent-referred Hyperactive Preschool Children. Journal of the American Academy of Child Psychiatry, 23 (3), 243-249.

Objective behavioral criteria which clearly differentiate normal from problem toddlers and preschoolers are virtually non-existent. Thus, it is difficult to differentiate active and defiant children who are showing potentially chronic problems from those who are merely going through a turbulent developmental phase. However, since longitudinal studies indicate that maladaptive behaviors in early childhood continue to be related to less competent social and cognitive functioning at elementary age, studies of the developmental course of hyperactivity may provide important clues to etiology and may delineate predictors of outcome. This paper reports on comparisons between problem and control at a 1-year follow-up. Both maternal report and laboratory data are examined in order to determine whether group differences persist and whether there is stability evident in problem behavior over time. Overall, when parent-referred problem children were compared to controls at 1-year follow-up, both maternal reports and laboratory measures indicated differences suggestive of continuing difficulties. Mothers continued to report problems reflecting a high activity level, inattention, poor impulse control, and impaired relationships with peers. Aggression and discipline problems also appeared to persist. Laboratory measures suggested the same persisting problems. Children in both groups improved with development. Problem youngsters improved on several measures of functioning and attention. Initial severity may be one important predictor of outcome at school age. Differential subject attrition occurred, i.e., more problem children, especially among the poorest functioning, were lost to follow up. The two groups continued to differ, suggesting that the differences are relatively robust. Additional data are being collected as the children reach school age.

Campbell, S. B., Breaux, A.M., Ewing, L. J., and Szumowiski, E. K. (1986). Correlates and Predictives of Hyperactivity and Aggression: A Longitudinal Study of Parent-referred Problem Preschoolers. Journal of Abnormal Child Psychology, 14, 217-227.

This report examines correlates of symptom severity at intake, and predictors of symptom severity at age 4 and 6 follow-ups. Correlates of aggressive and hyperactive symptomatology were examined separately. It was generally expected that high levels of initial symptom severity and a negative family climate would be associated with continuing difficulties. In this study, family disruption was associated with higher initial ratings of both hyperactivity and aggression. Children whose families were lower in social status, facing relatively more stress and disruption, and whose mothers demonstrated more directive and controlling behavior were more likely to be rated high on both hyperactivity and aggression at intake. A troubled family climate may contribute to aggression and hyperactivity in some children either directly or indirectly through its influence on child rearing practices and maternal attitudes; active and aggressive child behavior may exacerbate ongoing family difficulties directly and may also influence the quality of mother-child relationship in families already stressed by external circumstances. These findings, although consistent with those from other studies, must be considered preliminary until validated on a new and larger sample.

Hechtman, L., Weiss, G., Perlman, T., and Amsel, R. (1984). Hyperactives as Young Adults: Initial Predictors of Adult Outcome. Journal of the American Academy of Child Psychiatry, 23 (3), 250-260.

This is a 10-12 year prospective follow-up of hyperactives as young adults (ages 17-24 years) which attempts to determine which initial factors or group of factors (at ages 6-12 years) can predict adult outcome. The authors stress that the associations outlined between initial factors and adult outcome are not causal in nature. The findings suggest that any particular adult outcome is not associated with a particular variable, but with the additive interaction of personality characteristics, social and family parameters. However, it must also be stressed that certain predictor variables stand out as being more important than others because they came into almost every outcome measure in a very significant way. This is particularly true of family parameters such as socio-economic status and mental health of family members. Different aspects of family measures may predict different areas of outcome. For example, socioeconomic status predicts education and work success, while mental health of family members emotional adjustment and nonmedical drug use. With regard to personal characteristics, IQ enters into almost every outcome measurement and is particularly important in educational achievement and non-medical drug use. The role of the complex of aggressivity, emotional instability, and low frustration tolerance cannot be underestimated in influencing outcome. In summary, even though some initial measures are more important in predicting particular outcome variables, e.g., IQ in predicting education complete; SES in predicting work, education, police involvement; generally these findings point to the importance of several factors such as personality characteristics and family and social parameters all acting together and cumulatively predicting outcome. This explains why long-term drug studies have generally not resulted in as positive an outcome as was once hoped for. It also points to the need for a multi-faceted approach in treating these children.

Hechtman, L. Weiss, G., and Perlman T. (1984). Young Adult Outcome of Hyperactive Children Who Received Long-Term Stimulant Treatment. Journal of the American Academy Child Psychiatry, 23 (3), 261-269.

This study addresses the question of whether young adult outcome for hyperatives who did receive long-term (at least 3 years) stimulant medication is different. The question is addressed by comparing the young adult outcomes of hyperactives who had received stimulant treatment in childhood, hyperactives who had not received any sustained stimulant treatment, and a group of matched (sex, IQ, SES) controls. The most striking finding of the study is the repetitive pattern of finding significant differences between the stimulant treated hyperatives and their normal control group (with the control group almost invariably doing better), but no such differences on the same items between the two hyperactive groups. There are almost no items where stimulant treated hyperatives do better than their controls. There are several areas where they do better than their untreated counterparts: fewer car accidents, viewing their childhood more positively, stealing less in elementary school and generally having better social skills and self-esteem. They also have fewer problems with aggression and less need for current psychiatric treatment. Certain areas did not show any significant differences; these include height, weight, blood pressure and pulse, and serious psychopathology, antisocial behaviors, alcohol and drug use.

In summary, it can be said that as young adults, stimulant treated and untreated hyperatives are fairly similar and significantly different from a matched normal control group. The hyperactives continue to have education and work difficulties. Their increased residential moves, more job changes, and increased debt may reflect a more impulsive life style. They have more emotional problems and more aggression but do not load the same psychiatric or antisocial population. Stimulant treatment in childhood seems to have no negative effects but may in fact result in less early social ostracism with subsequent better feelings towards themselves and others.

Hechtman, L. and Weiss, G. (1983). Long-term Outcome of Hyperactive Children. American Journal of Orthopsychiatry, 53 (3), 532-44.

Hechtman and Weiss review their own outcome studies as well as other outcome studies on hyperactive children as young adults. Their study suggests that while few hyperactive children become grossly disturbed or chronic offenders of the law, the majority continue as young adults to exhibit symptoms related to the hyperactive child syndrome: impulsivity, low educational achievement, poorer social skills and lower self-esteem than controls, continued restlessness. The majority of those who had committed delinquent acts as adolescents gained sufficient control by the time they were young adults that the number of court referrals was not significantly greater than that of the controls. A greater percentage had tried non-medical drugs (mostly marijuana and hashish) while significantly more of the controls had used hallucinogens). The clinical outcome of hyperactive young adults falls into three categories:

1) Those whose functioning is fairly normal compared to matched controls.

2) Hyperactive young adults who continue to have significant concentration, social, emotional, and impulse problems which give rise to difficulties with work, interpersonal relationships, poor self-esteem, impulsivity, irritability, and emotional stability. The vast majority fall into this group.

3) Hyperactive young adults who have significant psychiatric or antisocial problems.

Howell, D., Huessy, H.R., and Hassak, B. (1985). Fifteen Year Follow Up of a Behavioral History of Attention Deficit Disorder. Pediatrics, 76, 185-189.

This study has two unique characteristics: It is one of the few studies to begin with a total sample of all children of a given age in a number of schools and secondly, the population is predominantly rural and small-town. The study is a longitudinal examination of the long-term outcome of ADD related behavior. The Huessy scale was completed on the same children in the 2nd grade, 4th grade, 5th grade. School records were examined at the end of 9th grade and 12th grade, and 86% of the subjects participated in a structural interview 3 years after high school graduation. The ADD group shows an overrepresentation of boys, a lower mean IQ, and a greater tendency to repeat a grade. This group displayed substantially more social adjustment problems. Few, if any , of these children were treated with medication. The ADD group were significantly more likely to have dropped out of high school, to have a higher level of instability of employment, and to have had trouble with the police since leaving school. The authors feel that the most important finding of the study is that the ADD identified children in elementary school were definitely at risk for later behavioral and/or educational problems in high school and early adulthood. However, it is important to note that there is a large number of people in this group who have normal outcomes; thus, future work will be directed toward identifying the variables that are predictors of why some ADD children appear to outgrow their problems and why some do not.

Palfrey, Judith, et al. (1985). The Emergence of Attention Deficit in Early Childhood: A Prospective Study. Journal of Developmental and Behavioral Pediatrics, 6, 339-348.

Five major questions are addressed: (1) What was the prevalence of attention deficit symptom complexes in a population of children followed from birth to kindergarten? (2) Were the symptoms stable over time? (3) Were predictable characteristics associated with the group of youngsters who had persistent problems beginning early in life? (4) Did certain findings tend to cluster among youngsters who had early manifestations of attentional weakness that subsequently abated? (5) Were differences discerned between children with the early and late emergence of attentional problems? An important finding is the significant variation in the yields of attention concerns at different age levels. Very few infants were detected. Twenty children (of the 285 in the study) met criteria for concern in the 14 1/2- to 29- month period. The peak age of onset was 42 months. Overall, 13% of the children met criteria for definite attention concerns at some time during the first five years of life. Both definite and persistent concerns were found in 5% of subjects, a figure comparable to prevalence estimates in school-age children, suggesting the possibility of recognition of a larger number of children destined to have attentional weakness before kindergarten entry. On every parameter, the group with persistent inattention in early childhood was the most severely impaired in second grade. Four factors were associated with the persistence of concerns: (1) single parent home, (2) low maternal education level, (3) coexistence of developmental lags, (4) presence of other maladaptive behaviors and/or signs of affective disturbance. In the group in which concerns abated, the following factors seemed to promote recovery: higher maternal education level, greater family stability, fewer health problems, higher general cognitive and stronger verbal ability. The authors stress the importance of early identification and prompt intervention working with parents and educators. In a few cases, there may be justification for early administration of stimulant medication to strengthen selective attention. During well child visits, the pediatrician should routinely ask specific questions regarding attention, organization, impulse control, task persistence, and activity. Early identification does not always ensure early eradication, but may reduce the suffering and misunderstanding associated with this common and high-impact symptom complex.

Whalen, C.K., Henker, B., Swanson, J.M., Granger, D., Kliewer, W., and Spener, J. (1987). Natural Social Behaviors in Hyperactive Children: Dose Effects of Methylphenidate. Journal of Consulting and Clinical Psychology, 55 (2), 187-193.

There is an increasing attention to the social problems of hyperactive children. Social problems are pervasive and enduring and interpersonal conflicts and confrontations are common place. Most research has focused on children's social behaviors in adult regulated contexts which also tend to be closely supervised. There is acute need for information about natural peer interaction, given the well-documented unpopularity of hyperactive children and the difficulties they have overcoming negative reputation. Little is known about dose-response relations in the social realm or medication-related changes in sociability. To the author's knowledge, this is the first behavioral demonstration of dose related medication effects on social behaviors in natural contexts. The study showed that negative behavior decreased during informal peer group activities. Younger children showed apparently greater medication related reduction in negative behaviors than their older counterparts. A second finding was that neither low nor moderate doses of methylphenidate increased social withdrawal. The present findings underscore the interpersonal heterogeneity of hyperactive children. The baseline (placebo) negative behavior rates across children varied between 0% and 57% and several children showed no medication related decrease in this domain. For the majority who did show expected changes, there was an average 12%-15% decrease in negative behaviors in the medicated conditions.

This study is limited in duration as well as in size, and only provides a window on the social worlds of hyperactive children.

Ziegler, R. and Holden, L. (1988). Family Therapy for Learning Disabled and Attention Deficit Disordered Children. American Journal of Orthospsychiatry, 58, (2), 196-210.

The authors identify three key aspects of children's development that are undetermined by LD/ADD: self-esteem, ability to manage frustration, and sense of self-control. Children with LD/ADD seem to do best in families where the child is expected to function with other children, where efforts at compensation in both learning and self-control are reinforced, where aspects of the problem are accepted as medically determined and not fully under their control, and where no one is overwhelmed by frustration. Five family types are proposed - the healthy family, the fragile family, the disorganized family, and the blaming family. Implications for treatment strategies are described with case examples. The authors strongly advocate the use of co-therapists. The role of medication is discussed. Ziegler and Holden believe that by emphasizing that the child has an organic problem, blame is removed from parents and child and can diminish their sense of guilt. They advocate characterization of medication as a "stop and think pill." Acceptance of aids, e.g., medication, tutoring, therapy is underlined as a vital step in the treatment of the child. The symptomatic relief reverses feelings of hopelessness and creates optimism. In addition to educational plans and medication, family treatment is often necessary because of the need to support or correct a family's style.

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ABOUT THE AUTHOR

Sallie C. Verrette, A.C.S.W., is a school social worker in the Newton, Iowa office of Heartland AEA II. She is a past editor of The Iowa Journal of School Social Work.

A PARADIGM FOR SUPERVISION OF SCHOOL SOCIAL WORK PRACTICUM STUDENTS

Dea Ellen Epley Birtwistle and Nancy Lindgren

Supervision of the practicum school social worker requires a recognition of the level of intensity of supervision that is beneficial in enhancing the student's professional growth. A paradigm which emphasizes supervision as a fluid and multidimensional process, and which incorporates the supervisor's and student's reactions to situations, is crucial. Knowledge of the perceptions of the practicum student enables the supervisory style to be adjusted. This article describes a paradigm for practicum supervision which emphasizes the importance of structure and process in school social work practicum supervision. Statements from a practicum student are presented parenthetically throughout the article to illustrate aspects of the paradigm.

Effective practice requires social workers to assume responsibility for their own professional development and to assist colleagues and practicum students as well. The task of supervising a practicum student can be challenging when added to the diversity of functions the line school social worker performs. A framework emphasizing situational leadership can be beneficial in conducting practicum instruction.

The school social worker is at the interface of numerous systems. These include the student, school personnel, the student's peers, the student's family, community agencies, and Area Education Agency personnel. How and when to introduce the practicum student to these systems needs to be a primary concern of the instructor.

SCHOOL SOCIAL WORK PRACTICUM PREPARATION

Levine (1985) states professional preparation for school social work varies considerably among school social work programs. Differences are also evident in state definitions of what constitutes school social work practice. Iowa school social worker certification requirements, which are effective as of October 1, 1988, stipulate a master's degree from an accredited school of social work and 20 semester hours of course work in the three areas of assessment, intervention, and related studies (Iowa Administrative Code, 1989). Also required are knowledge of general and special education, practicum experience, completion of a human relations component, and program preparation contributing to the education of the handicapped and the talented and gifted.

Due to these updated certification requirements, it becomes imperative that curriculum preceding practicum placement be examined for relevance to school social work practice preparation. Direct practice courses offering methods for working with individuals, families, groups, and providing consultation need to be stressed. Courses pertaining to organizational structure are also essential in preparing the student for a practicum. A significant portion of the school social work program takes place within the practicum setting, where the specifics of school social work are integrated with theories pertaining to individual, group, and organizational change.

The role of the school social worker is diverse and places a high priority on mandates for service, consultation, referrals to outside agencies, program development, liaison work, classroom intervention, counseling with parents and students, and crisis intervention. Graduates of a school social work program can be expected to bring an understanding of this diverse role to the school community as they prepare to offer services and facilitate organizational change (Levine, 1985).

Concurrent with curriculum preparation, the supervision of school social work practicum students requires a dual focus on tasks and processes. The recognition of the student's feelings and perceptions need to be incorporated into a progression of skill development.

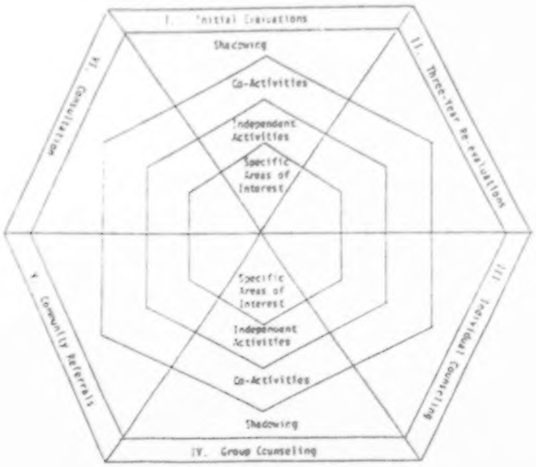
("Recognition of the many role requirements was a bit overwhelming for me and with a sense of trepidation, I began the practicum placement. My program focused on the theories and values of school social work, and now skill-building was to begin!")

THE SCHOOL SOCIAL WORK PRACTICUM ACTIVITY PARADIGM

The school social work department at Northern Trails Area Education Agency is within the Special Education Division, and school social work is considered to be a special education support service. Primary tasks for the school social worker who serves within this Area Education Agency include initial evaluations, three-year re-evaluations, individual counseling, group counseling, community referrals, and consultation. The School Social Work Practicum Activity Paradigm depicts the progression of these tasks and roles. The web-like structure of the paradigm indicates that a student may be at one level of skill in the area of individual counseling and at yet another level when consultation skills are involved. The progression of skill development with these tasks follows the framework of situational leadership.

Situational leadership indicates that when an individual has little exposure to a task, a supervisory style emphasizing high task/low relationship behaviors is beneficial. Hersey and Blanchard (1982) suggest that during this stage the supervisor should expend energy directing the person in what to do and how, when and where to do it, rather than providing socio-emotional support and reinforcement. The instructor's style is described as "telling" because this style is characterized by one-way communication in which roles are defined and what, how, when, and where to perform assignments is explained.

SCHOOL SOCIAL WORK PRACTICUM
ACTIVITY PARADIGM


I. Initial Evaluations
II. Three-Year Re-evaluations
III. Individual Counseling
IV. Group Counseling
V. Community Referrals
VI. Consultation
Shadowing
Co-Activities
Independent Activities
Specific Areas of Interest
Specific Areas of Interest
Independent Activities
Co-Activities
Shadowing

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First Level - Shadowing. The first level of skill development (see paradigm) involves shadowing the supervisor. During this period, the practicum student pairs the work schedule closely to that of the instructors. Time is devoted to meeting school personnel, explanations of how referrals are initiated, explanations of agency procedures through readings of special education manual information, how to fill out special education forms, when to initiate parent contacts, how to review student files, and what is included in a social assessment.

Throughout the shadowing process, the goal is to increase the practicum student's knowledge of the school social worker's role. The student has an opportunity to experience the diversity associated with school social work practice.

By visiting different schools with the instructor, an understanding of how varying tasks are prioritized is also developed. Staudt and Kerl (1987) state that "a broad range of tasks and functions make it difficult for educators to understand the role of social workers" and "the establishment of building priorities" permits "flexibility and response to the community and school needs." Different schools not only have varying needs but also vary immensely in terms of day-to-day procedures for the school social worker (i.e. conference procedures, scheduling needs, phone usage, contact with school personnel).

Shadowing the school social worker may prove immensely helpful in developing an understanding of the many roles required for effective practice. Shadowing may also be useful in developing an understanding of the student social worker's role in practice settings. While shadowing, the student is better able to identify his/her unique style of learning and then is able to participate in the teaching - learning process.

A result of the shadowing process is the student's development of a learning contract. ("I was expected to prepare a learning contract to guide my experiences and focus on areas recognized as needing more development. Shadowing was very calming as it allowed me to observe, listen, and notice all that a school social worker does, and then translate the knowledge into a plan of action.") The learning contract includes learning objectives, prescribed methods for the asking and receiving of instruction, preparation for regularly scheduled conferences and instruction, and a method for engaging in on-going assessment of the student's professional development. Through the learning contract process, the student is also able to develop future learning goals relevant to their own professional goals (Handbook for Practicum Social Work, 1987).

Second Level - Co-Activities. The School Social Work Practicum Activity Paradigm describes the second level as one in which the student and instructor conduct activities together. This tier corresponds to the situational leadership phase of high task/high relationship behavior. Hersey and Blanchard (1982) state that this phase is reflected in two-way communication and socio-emotional support. An example of this phase is a co-activity of conducting a social skills group for impulsive children. The student is able to participate in the process of identifying students who would benefit from the group, following procedures for obtaining parental consent, planning and conducting group activities, i.e., role plays, cognitive restructuring tasks, discussions, reinforcement of appropriate student behaviors, and documentation of student progress. A practicum student may feel overwhelmed with these new tasks and responsibilities. It is beneficial for the instructor to model group skills for the practicum student, and to increase the student's confidence level by breaking down group tasks into manageable components.

The setting determines the priorities of school social work practice. Assigning the student to several different settings enables first-hand experience with the impact on school social work practice among different population groups, educational, and community settings. ("It was an enlightening experience to serve two schools of similar student population size and community size and to discover the startling dissimilarities between them!") Assessment of the individual school's needs and the local community, their policies, and procedures is a vital element of school social work practice. The co-activity component is helpful in assisting the student to prioritize school social work tasks and to accumulate confidnece prior to the onset of independent activities.

Third Level - Independent Activities. The third level of the school social work practicum involves independent activities. After the initial 30-45 days, it is anticipated that the practicum student will have the ability and knowledge to perform tasks independently. In the situational leadership model described by Hersey and Blanchard, this tier corresponds to the high relationship/low task behavior stage (1982). The stage is characterized by joint decision-making and facilitation by the instructor.

At this level, the instructor needs to make strategic decisions about what tasks the practicum student can effectively perform independently. A student referral that appears to warrant possible special education and long-term student counseling or teacher consultation would not be an appropriate choice to assign to a student whose practicum will terminate in four months. Three-year re-evaluations where the line school social worker has already established relationships with the student and family need to be carefully considered.

Initial evaluations of students are tasks the practicum student may perform independently. Supervisory meetings once a week permit the instructor and student to examine the student's perceptions of parent, student, teacher, and community agency contacts. Joint decision making can occur in determining student's needs and goals. These meetings may also precede child study meetings in order for the student to consult with the school psychologist, educational consultant, speech-language pathologist, teacher, or school principal. With the myriad of requirements that need to be performed with each initial referral, a potential problem is that the practicum student will isolate these requirements and not gain a holistic perspective of the student. The instructor needs to assist the student in supervisory meetings with linking these tasks together. In addition, instructor suggestions permit the practicum student to refocus on the referral questions that need to be addressed.

During this stage, the line worker may experience ambivalence about letting go of certain tasks as well as concern about accountability procedures to his/her own department supervisor. Monitoring and discussion of how the follow-up of cases will occur after the practicum is finished is also important.

("The time spent during supervision was one of the most important components of my practicum experience. Having the opportunity to process directly all the experiences associated with school social work practice was an essential and unifying element.")

Fourth Level - Specific Interests. The final stage of the School Social Work Activity Paradigm permits the practicum student to devote time to specific areas of interest. This stage in situational leadership is described by Hersey and Blanchard (1982) as being characterized by low relationship/low task behavior. The instructor's style involves delegation. The practicum student has developed a competence level in terms of social work knowledge, practice, and values that enables self-direction. Although regular supervision is still crucial, the practicum student manages his/her own schedule and may be involved in setting up groups independently or in initiating a research project on a specific area of interest.

During the final stages of practicum, the student focuses on areas of specific interest. These interests, though not present or recognized as special initially, became apparent while shadowing and participating in co-activities with the supervisor and still more pronounced during independent activity. ("While completing an initial evaluation of an elementary-age student experiencing learning and behavior difficulties, I became particularly interested in the family's response to the evaluation process and the impact and nature of the family's stresses on their involvement. This interest evolved into a research project and a focus on personal study which proved very beneficial to my future school social work practice.")

Integration of Levels - Consultation. An integral part of the practicum experience and the daily functioning of the school social worker is the consultation process with professional colleagues and others in the educational setting (Zischka and Fox, 1985). Consultation does not fit perfectly within a specific skill or expertise level on the School Social Work Practicum Paradigm but blends into all levels. In spite of its importance to school social work practice, consultation remains somewhat ambiguous. The changing focus of consultation is appropriately demonstrated by the varying levels of the paradigm. The time-limited relationship between the school social worker and the identified consultee requires specialized and innovative problem-solving involving all levels of the paradigm and growing confidence from the practicum student. This process evolves throughout the practicum process with accelerating student confidence with each interaction. ("My supervisor effectively modeled the consultation role as I consulted with her. When I observed her consultation interactions with others, I gradually acquired more confidence. By the end of the practicum, I felt more secure in that role.")

SUMMARY

Of utmost importance to school social work practice is the respect and dignity afforded to student, supervisor, school personnel, and all others encountered in the practicum setting. The fluid, changing nature of the paradigm facilitates and accommodates the values, skills and knowledge necessary in the development of competencies essential to school social work practice.

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ABOUT THE AUTHORS

Dea Ellen Epley Birtwistle is a school social worker for Northern Trails Area Education Agency in Clear Lake, Iowa. She has served as a practicum/field instructor for the University of Iowa School of Social Work.

Nancy Lindgren is a therapist for the Women's Health Center in Mason City, Iowa. She completed a graduate practicum at Northern Trails Area Education Agency in Clear Lake, Iowa and subsequently served as a school social worker for the agency.

THE GROUP AS THE IDENTIFIED PROBLEM: A SCREENING APPROACH

Henry L. Pothast

School social workers sometimes provide consultation services to educators who are frustrated with entire groups of pupils. Such groups are often labeled "difficult" and require systematic screening to identify target problems of individual members. A problem identification method is presented, and practice applications of the procedure are illustrated.

Historically, social workers in the schools have identified and served children at risk for a host of academic and nonacademic problems. In recent years, school practitioners have joined social workers from other settings in a movement to improve upon operationalization and measurement of target problems (e.g., Pothast & Bouillion, 1989). At times school social workers are called upon to provide consultation to teachers, principals, and counselors concerning the behavior and adjustment of groups of students. This article describes a consultation approach for assisting school personnel in screening problems of individual pupils when a group (e.g., a classroom, grade, or portion thereof) is identified as "the problem."

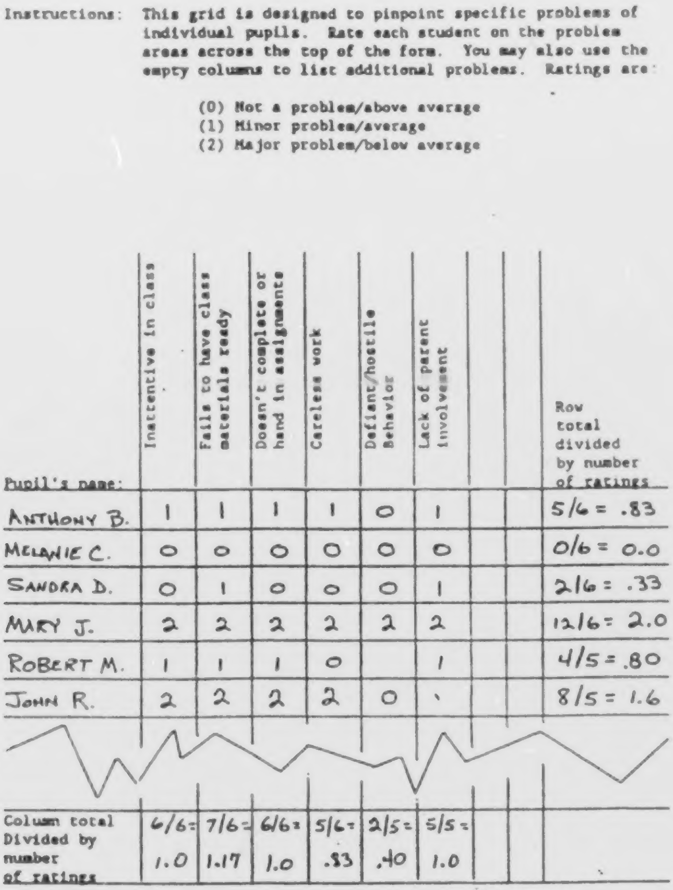
THE PROCESS

From time to time, I have heard school personnel remark about entire groups of students being "difficult" to teach and/or to manage. It is possible to have a general sense of what is meant by such comments; however, effective intervention to change a group's "difficult" quality requires definition of the problem in more specific terms. The first step in the present approach, therefore, is to work with school personnel to identify observable and quantifiable problems to be targeted for intervention.

This is an important task in direct social work practice; a number of texts and problem checklists can be useful in this regard (e.g., Achenbach & Edelbrock, 1983; Bellack & Hersen, 1988; Bryce, Piechowski, & Wilson, 1989; Goldstein, Sprafkin, Gershaw & Klein, 1980; Mash & Terdal, 1988; McGinnis & Goldstein, 1984).

After generating a problem list, the next step is to construct a student/problem matrix. Figure 1 shows a partial example of such a matrix, which was devised for an entire sixth grade. Names are listed in the left hand column, and problem categories are indicated across the top. (Although the problems are not specified in rigorous behavioral terms, the faculty in this instance indicated satisfaction with the descriptors and did not see a need for further refinement. This highlights the importance of flexibility and compromise in the consultation process.)

Figure 1. Example of a student/problem matrix.



Instructions: This grid is designed to pinpoint specific problems of individual pupils. Rate each student on the problem areas across the top of the form. You may also use the empty columns to list additional problems. Ratings are:

(0) Not a problem/above average
(1) Minor problem/average
(2) Major problem/below average

Pupil's name:	Inattentive in class	Fails to have class materials ready	Doesn't complete or hand in assignments	Careless work	Defiant/hostile Behavior	Lack of parent involvement			Row total divided by number of ratings
ANTHONY B.	1	1	1	1	0	1			5/6 = .83
MELANIE C.	0	0	0	0	0	0			0/6 = 0.0
SANDRA D.	0	1	0	0	0	1			2/6 = .33
MARY J.	2	2	2	2	2	2			12/6 = 2.0
ROBERT M.	1	1	1	0		1			4/5 = .80
JOHN R.	2	2	2	2	0				8/5 = 1.6
Column total Divided by number of ratings	6/6 = 1.0	7/6 = 1.17	6/6 = 1.0	5/6 = .83	2/5 = .40	5/5 = 1.0			

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Within each cell formed by the intersection of a row and a column of the student/problem matrix, a rater can place a number (based on any predetermined scale—in this case, 0 to 2) to indicate perceived severity of a problem for an individual student. A total can then be computed within each row (overall problem score for an individual) and within each column (overall score for the entire group for each problem). To correct for empty cells, it is recommended that the marginal sum for each row and column be divided by the number of cells used to arrive at that sum. Figure 1 shows examples of ratings and marginal scores.

Using data organized in this manner, several comparisons can be made. First, individual students can be directly compared, both in terms of specific problems and in terms of their average problem rating. Second, by comparing across columns, relative severity of problems can be gauged, both for individual pupils and for the group overall. Finally, another dimension is added when multiple raters are involved, as is possible with departmentalized instruction. Student/problem comparisons can be made across raters, yielding information about possible influences of different classroom environments and teaching styles.

PRACTICE ILLUSTRATIONS

Information gathered through the process described in the preceding section can be used in a number of ways. For example, after identifying several sixth graders who were experiencing behavioral and academic problems, the teachers of these students began meeting weekly with the school psychologist and school social worker to design interventions and to monitor their effectiveness. Several strategies were employed, including: (a) a reinforcement/response cost system to increase rates of satisfactory assignment completion; (b) where feasible, parent involvement in administering behavioral contingencies; and (c) referrals for in-depth assessments, including special education and community mental health evaluations. Interventions resulting from the latter referrals included pharmacotherapy and parent training in the case of a student diagnosed as having an attention deficit disorder; in addition, inpatient treatment was undertaken for a pupil in whom depression was diagnosed.

In another sixth grade, the procedure was used after teachers expressed general dissatisfaction with the group's academic performance.

In this instance, the faculty decided to develop and to implement programs involving all parents of sixth graders in efforts to enhance and to support achievement. For each pupil, data from the student/problem matrix were shared with his or her parent(s). The information obtained from the matrix—at both the individual and the group level—was helpful in setting priorities for intervention and in establishing the relevance of the school's efforts. In addition, teachers' ratings of parent involvement were used as guidelines for individualizing the method of approaching parents. Parents identified as least involved were contacted for individual conferences with school personnel believed to have the best rapport with those parents.

As a final example, the approach was used in consultation with a first grade teacher who was concerned about the level of disruptive behavior in her class. In this case, the student/problem matrix was useful as a repeated measure to monitor effectiveness of individual and group behavior management procedures. The data were also used at the end of the school year to assist with decisions about membership in the following year's second grade classrooms. The latter application is similar to an approach described by Rose and Edeson (1987, chap. 2) for optimizing the composition of therapy groups for children and adolescents.

CONCLUSION

The consultation process described in this article organizes a large amount of data for utilization in problem-solving efforts. Probably the chief disadvantage of the approach is the investment of faculty time that it requires. Nevertheless, school personnel who have been involved in the process have indicated that its structure and focus reduce ambiguity and outweigh any inconvenience.

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ABOUT THE AUTHOR

Captain Henry L. Pothast, L.S.W., Ph.D., is a clinical social worker with the U.S. Air Force Biomedical Sciences Corps, Sheppard Air Force Base, Wichita Falls, Texas. He was formerly a school social worker at Area Education Agency 6, Marshalltown, Iowa.

MEDIATING EFFECTS OF FAMILY TYPE AND PROCESS UPON SELF-CONCEPTS OF ADOLESCENTS

Gerald D. Nunn

The present study examined the effect of family type (intact vs. father-loss divorce) and family process (happy vs. unhappy family adjustment) upon the self-concepts of adolescents. A total of 633 students in grades 5 through 10 participated. Results indicate that both family structure and process mediate the level of self-concepts of the adolescents sampled. Students from divorced-unhappy homes had significantly lower self-concepts than all other comparison groups, while students from intact-happy homes held the highest. Future research is discussed.

Divorce has become a pervasive aspect of matrimonial life in America. The United States has the dubious distinction of having one of the highest divorce rates in the world (Guidubaldi, 1980; Norton & Glick, 1979). Recent estimates project that about 50% of marriages initiated in the 1980s will end in dissolution through divorce (Cherlin, 1981; Norton & Glick, 1979). Conceptions of family life with mom, dad, kids, and the family pet are being transformed into the realities of custody battles, blended families, and concerns about the effects such changes are having upon the lives of children affected by them.

Divorce is, however, more than an event characterized by the legal dissolution of marital ties—it represents a unique sequelae of events which occur over time, and which results in new family structures and different ways of dealing with the psychosocial demands that divorce brings. Each family, whether or not it is intact or divorced, has its own level of quality associated with it. In other words, an important consideration relating to the effects of divorce upon children pertains to the present level of home adjustment within the family irrespective of its structure. The quality of family life as defined by conflict, parent-child relationships, and familial harmony may be considered a factor which may help understand and facilitate psychosocial adjustment of children affected by divorce.

Although research regarding the effects of divorce on children has been criticized for its lack of control over such family "process" variables (Kurdek, 1981; Marino & McCowan, 1976; Marotz-Baden, Adams, Bueche, Munro & Munro, 1979; Raschke & Raschke, 1979), few studies presently exist which have seriously attempted to operationalize or to define these possible mediating influences. The result has been a scientific literature inundated with studies which make comparisons of families and their effects based primarily upon structural features alone and which assume a homogenous level of quality within families.

The present study has compared the effects of both family type (intact family vs. father-loss through divorce), and family process (perceptions of happy family vs. unhappy family) upon the self-concepts of adolescents. Such comparisons may help overcome inherent conceptual shortcomings of previous research by considering the possibility that family environments differ along both structural and qualitative dimensions.

METHOD

Subjects

A sample of 633 students in grades 5 through 10 enrolled in public schools in central Iowa participated. These students are characterized as coming from rural, Caucasian, and lower-middle income backgrounds. Participation was voluntary and parental permission was obtained in all cases. In all, there were 178 females from intact families, 241 males from intact families, 69 females from divorced families, and 74 males from divorced families. Children who had experienced the death of either parent or who had experienced mother-loss through divorce were not included in the present analysis thus reducing the sample by 71 students in these combined categories.

Instrumentation

The Personal Attribute Inventory for Children (PAIC; Parish & Taylor, 1978) was administered as a measure of self-concept. The PAIC consists of 48 adjectives arranged in alphabetical order, i.e., 24 positive and 24 negative adjectives. Students are asked to select the 15 adjectives which best describe them, resulting in a total score of positive adjectives checked. The Behavior Rating Profile: Student Scales (BRPSS; Brown & Hammill, 1978) was used as a measure of students' perception of home adjustment. The BRPSS total scale consists of 60 items which yield measures of home, school, and peer adjustment. In this case, the Home Scale was used to break down student groups into those who held positive perceptions of home and those who held negative ones, i.e., scores below the mean were considered negative perceptions of home adjustments, and those at or above the mean were considered positive. Both the PAIC and BRPSS have previously demonstrated satisfactory validity and reliability as measures of psychosocial adjustment (Nunn, Parish and Worthing, 1983).

Procedure

All students were administered the PAIC and BRPSS in a group setting with standard instructions read to each group. Instruments were counterbalanced to reduce response sets. After the students completed the instruments, a Child Information Form including information regarding age, grade, sex and family background was obtained. Each child was briefly interviewed with respect to their understanding of the procedures involved, and in cases where accuracy or understanding was questionable, these data were excluded from analysis.

RESULTS

A two-way analysis of variance was employed to examine the effects of family type (intact vs. father-loss divorced) and family process (unhappy vs. happy families) upon self-concepts. Significant main effects were obtained for family type (F[1,631] = 19.84, p<.0001), and for family process (F [1,631] = 21.05, p<.0001). Post hoc mean comparisons indicated that students in intact families (M = 12.51) held significantly more positive self-concepts than those in divorced father-loss families (M = 10.83), and that students in happy families held self-concepts significantly higher than those in unhappy families (happy M = 12.91, unhappy M = 10.53). Also, a significant two-way interaction was obtained (F [1,631] = 3.96, p<.01) for family type X process.

Table 1

Post-Hoc Least Squares Means Comparisons for Family Type X Process Interaction-Self-Concept

	FAMILY TYPE	
	Intact Family	Divorced Father-Loss
FAMILY PROCESS		
Happy Family	13.45 (A)*	12.33 (B)
Unhappy Family	11.61 (B)**	9.38 (C)

*A is significantly different than B, $p \leq .01$
**B is significantly different than C, $p \leq .01$

As indicated in Table 1, post hoc Least Squares Means reveal that evaluations of self were most positive in the intact-happy group (M = 13.45) as compared to all other groups. Students in the divorced-unhappy configuration (M = 9.38), on the other hand, rated themselves significantly less positively than the intact-happy, the divorced-happy (M = 12.33), and the intact-happy (M = 11.61) home configuration. There is no statistical difference found between children of divorced-happy homes and those from intact-unhappy homes, however.

DISCUSSION

The results of this study generally support the expected adjustment model of family type X process. It was found that students in intact families generally possessed the most positive self-concepts compared to those of divorced families, and that those who lived in homes in which they perceived as happy also were more positive about themselves when compared to students whose perception of home was negative. It was further found that the most positive evaluations of self occurred when an intact family type and a happy family process were present. As was also predicted, when family type (divorced) and family process (unhappy) were combined, children's self-concepts were the more seriously affected. It is also of interest to note that comparisons of divorced-happy and intact-unhappy families failed to reveal significant differences in self-concept, again suggesting the importance of both family process and structure variables.

Interpretation of the present research suggests that families whose divorce and subsequent home environment is characterized by excessive levels of conflict and disorganization, and are therefore, perceived as unhappy by children may bring about the most adverse effects upon self-evaluations of children. The inverse may also be true as evidenced by the present findings which imply that parents whose divorce transition is characterized by stability and positive coping mechanisms may help to mediate adverse effects which may otherwise occur.

This area of inquiry is open for further research which may extend and clarify relationships between the quality or processes of family life when significant events alter the structural features of the family. The link between these elements has a clear rationale in terms of family systems theory, and would serve the applied interests of those parents, educators, and mental health professionals interested in making the transitions of divorce for youth as positive as possible.

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ABOUT THE AUTHOR

Gary D. Nunn has a masters degree in Counseling Education from Fort Hays Kansas State College (now University) and a doctorate in Educational Psychology from Kansas State University. He is currently employed by AEA 6 in Marshalltown, Iowa. He is the psychologist for the Marshalltown High and Anson Junior High Schools.

AUTHOR NOTE

Reprints of this article may be obtained from :

Gerald D. Nunn, Ph.D.
Psychologist
Area Education Agency 6
210 South 12th Avenue
Marshalltown, Iowa 50158

BOOK AND FILM REVIEWS

AND THE BAND PLAYED ON: POLITICS, PEOPLE, AND THE AIDS EPIDEMIC. By Randy Shilts, New York: St. Martin's Press, 1987.

Randy Shilts, a journalist who has been covering AIDS since 1982, chronicles the epidemic from the first indications of a deadly new disease in Zaire in 1976 to President Reagan's first public pronouncement on the epidemic in 1986. During theses years, 36,058 Americans had contracted AIDS and it had spread to virtually every corner of the world.

Shilts poses the question, "How was this epidemic allowed to spread so far before it was taken seriously?" In the best tradition of investigative journalism, he traces the path of the disease as it spreads through the population, the scientific and medical communities unfolding research findings, and the local and federal governments' responses. Shilts reveals how AIDS research, prevention, and treatment was impeded by the attitudes of gay leaders, competition between doctors and scientists, lack of federal funding, and the cowardliness of politicians. Gay leaders feared that community health measures which would stop the spread of the disease were anti-gay and might lead to the quarantining of homosexuals. Doctors from the Centers for Disease Control in Atlanta competed with doctors from the National Cancer Institute in Bethesda and U.S. doctors competed with the French to be the first to find the virus that caused the disease. During the Reagan years, scientists were unable to get funding to carry out studies on the disease at the same time that Reagan officials were touting fighting AIDS as our "number one health priority". In New York and San Francisco, hardest hit by the epidemic, the public health department administrators decided it was politically expedient to leave prevention efforts in the hands of the gay community upon whose electoral support they relied.

Interwoven with scientific studies on retrovirology, immunology, and epidemiology, are the stories of the people on the front lines—the researchers and the victims. Shilts tells the stories of people like Gaetan Dugas (the first North American diagnosed with AIDS), Bill Kraus (a gay political activist who died of AIDS), Dr. Marcus Conant (who lost many patients to AIDS and tried to sound the alarm as the epidemic spread), and Frances Borchelt (a grandmother who unwittingly contracted AIDS through blood transfusion). Shilts weaves a compelling tale of love and sex, politics and money, devastation and death. This book is highly recommended both as an expose of our response to our generation's biggest public health crisis and as a griping tale of modern day heroism. Shilts is also the author of The Mayor of Castro Street: The Life and Times of Harvey Milk upon the documentary film of the same name was based.

Kate McElligatt, ACSW, LSW
School Social Worker
AEA-7

EXPANDING SCHOOL SOCIAL WORK THROUGH FEDERAL FUNDING IN P.L. 100-297. Silver Spring, Maryland: National Association of Social Workers, 1989.

This is a recently issued technical assistance report developed by the NASW Commission On Education. It focuses on opportunities for funding school social work services through P.L. 100-297, the Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Amendments of 1988. This major piece of federal legislation reauthorized the Elementary and Secondary Education Act of 1965 and provides approximately $7 billion in assistance to states for a wide array of educational programs, many of which are directly relevant to school social work practice. The document is a well written and well organized "comprehensive reference guide" to this legislation and is directed primarily at the school social work practitioner.

The document explains how Chapter I of the legislation creates new opportunities for funding school social work services with the inclusion of the terms "pupil services personnel" and "pupil services". "Pupil services personnel" are defined as "school counselors, school social workers, school psychologists and other qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services as part of a comprehensive program to meet student needs." "Pupil services" are defined as "the services provided by such individuals."

The publication is organized into two parts. The first part is a clear, concise analysis of all components of the law which contain explicit and implicit provisions for funding school social work services. In all, twenty-four programs such as Even Start, the Drug-Free Schools and Communities Act, the Comprehensive Child Development Program, Secondary School Programs for Basic Skills Improvement and Dropout Prevention and Reentry, are analyzed. In addition to explicit and implicit provisions for school social work, other useful information is presented, such as, the purpose of the program, what specific activities are allowed in the program, the intended target population of the program, fiscal year 1989 funding for the program, etc.

The purpose of this first part is to present easily understood information about these provisions in a "user friendly" format. This goal is aptly accomplished by the author, Nancy Kober, who is uniquely qualified to write about the law as she was a key figure in the legislative process leading to its enactment. Her extensive knowledge of the law was acquired in her role as staff to the Subcommittee on Elementary, Secondary, and Vocational Education in the U.S. House of Representatives at the time the legislation was developed.

The second part of this publication is organized into two chapters. The first chapter, entitled "Guidelines for Initiating New Programs in School Districts", is written by Toy F. Watson and discusses strategies for how information about the law presented in Part I, can be used to influence state and local decision-makers as they implement programs. In his unique and engaging style, Watson presents the technique of "nudging" as an effective means of affecting change and exerting influence with educational decision-makers. School social work practitioners will truly appreciate and recognize this technique.

The second chapter is titled "The Art of Preparing and Securing Grants" and is written by Nora S. Gustavsson. The author provides useful, practical information for those who may become directly involved with writing grant proposals for programs funded through this law. The chapter is well organized and well presented, and is easily understandable, even to those who have no particular experience or knowledge of the grant writing process.

NASW has, without a doubt, produced a significant and useful product in this technical assistance report. Although in many states, as in Iowa, school social work services are not currently funded through Chapter I programs, the information provided in this report may prove useful to those interested in expanding the role of school social work beyond the current focus on special education. The possibilities are numerous, innovative and certainly intriguing.

James P. Clark, ACSW, LSW
Consultant, School Social Work Services
Iowa Department of Education
Bureau of Special Education

COPING FOR KIDS: A COMPLETE STRESS-CONTROL PROGRAM FOR STUDENTS AGES 8-18. By Gerald Herzfeld, Ph.D. and Robin Powell, Ph. D. West Nyack, New York: The Center for Applied Research in Education, Inc., 1986.

Coping for Kids is a step-by-step stress control program for children. The kit includes 28 lessons with activity worksheets and two cassette tapes on body awareness and relaxation. (A student workbook is also available but not included.) The goal of the program is to help children recognize stress, understand how it affects them physically and emotionally, and learn to control their own stress levels.

The first lessons define stress and help students identify their own stressors. Next students learn to relax and use imagery. Finally, students are taught to use coping skills (anger control, problem-solving, assertiveness) to manage their own stress. Each lesson includes background information for the teacher on the topic, step-by-step directions, activities, and follow-up suggestions.

This program is appropriate for use with regular education students but is probably more suitable for students ages 10-18. The reading level of the reading and worksheets is likely too high for many special education students. The content would be appropriate for use in social skills or wellness classes, or for use in small or large groups. The set, not including the student workbook, costs $43.95.

Kate McElligatt, ACSW, LSW
School Social Worker
AEA-7

DEAD SERIOUS. MTI Film & Video, 1989. VHS/24 min.

DEAD SERIOUS confronts the problem of teen suicide and shows teens show they can help a friend who is having trouble. The film is geared toward junior and senior high students and includes a discussion guide with pre- and post activities. DEAD SERIOUS explores the warning signs of teen suicidal behavior, myths many people believe about suicide, and suggestions for how friends can help.

The film opens with a discussion about what worries teens today. Eighteen teens commit suicide daily and 500,000 teens attempt suicide each year. Friends are usually in the best position to know that a teen is in trouble. Seventy-five percent of all attempters give repeated warnings that they are contemplating suicide. Warning signs are discussed and teens are urged to listen to their friends and try to be helpful.

The roles of depression and drugs and alcohol in suicidal behavior are covered. Symptoms of depression are present in 60% of all persons who commit suicide. Alcohol or drugs are involved in 50% of all deaths and 85% of all attempts. "Autocide" or driving recklessly with the intent to die accounts for the deaths of many teenagers who die as a result of traffic accidents. The film tells the story of Kate, whose reactive depression led to drinking, high-risk behavior, and a suicide attempt.

DEAD SERIOUS helps teens understand the factors that lead some teens to attempt suicide. It presents suggestions on how teens can be supportive and helpful. The message is communicated that "teens can help their friends choose life".

Kate McElligatt, ACSW, LSW
School Social Worker
AEA-7

YOUR HYPERACTIVE CHILD: A PARENT'S GUIDE TO COPING WITH ATTENTION DEFICIT DISORDER. By Barbara Ingersoll, Ph.D. Doubleday: New York, 1988. 219 pages.

This book presents a considerable amount of information covering several aspects of attention-deficit hyperactivity disorder (ADHD) in children. Its eight chapters present material on diagnosis, etiology (including recent results of physiological research), medications, psychological treatments, family coping, problems associated with ADHD (encopresis, enuresis, and dishonest behavior), and academic difficulties. Several classroom behavior management procedures are outlined in the appendix.

As the title indicates, the book is intended for parents of children with ADHD. However, because it is written on approximately the level of an introductory college text, it may be most appropriate for teachers, educational support professionals, and a fairly sophisticated lay audience. It seems the book is mistitled; nevertheless, it is recommended as a "user friendly," informative, and practical reference for professionals and (for some) parents.

Henry L. Pothast, LSW, Ph.D
Clinical Social Worker
Sheppard AFB, Wichita Falls, Texas

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VOL. 5, NO. 1

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James P. Clark, L.S.W.
Consultant,
School Social Work Services
Bureau of Special Education
Iowa Department of Education
Des Moines, Iowa

John Montgomery, Ph.D.
Supervisor,
School Social Work Services
AEA 6
Marshalltown, Iowa

Henry L. Pothast, Ph.D.
Clinical Social Worker
U.S. Air Force
Wichita Falls, Texas

Marvin Bryce, Ph.D.
School Social Worker
AEA 9
Muscatine, Iowa

Virginia Glicken-Lewis, Ph.D.
School Social Worker
AEA 1
Dubuque, Iowa

Ron Palumbo, L.S.W.
Psychiatric Social Worker
McFarland Clinic
Ames, Iowa

Marc Singer, L.S.W.
Supervisor
School Social Work Services
AEA 3
Algona, Iowa

Sallie C. Verrette, ACSW
School Social Worker
Heartland AEA II
Newton, Iowa

The Iowa Journal of School Social Work is a professional publication dedicated to extending knowledge and improving practice of social work in educational settings. The Journal is published by the Iowa School Social Workers' Association. Articles and advertisements do not constitute an endorsement by the Iowa School Social Workers' Association.

SUBSCRIPTIONS

The subscription rate is $10.00 for individuals and $16.00 for libraries. Advertising inquiries, subscription inquiries, and changes of address should be mailed to: Iowa Journal of School Social Work, Box 4852, Des Moines, Iowa 50306.

December, 1990
Volume 5, Number 1

IOWA JOURNAL OF SCHOOL SOCIAL WORK

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VIEWPOINT

CRISIS MANAGEMENT

It's 2 a.m., the phone rings, and one of your principals informs you that there has been a car accident and two of the high school seniors are dead with another in critical condition. What will you do? The answer to that question will have an impact on the entire educational system and the community that it serves. What you do will likely have much to do with whether or not your AEA and LEA have been proactive in giving thought to and developing a Traumatic Event Response Plan.

Since working with a group of AEA 1 School Social Workers three years ago and developing a Traumatic Event Response Plan for our area and sharing it with the local districts, I have been thankful for the receptivity of the local districts to the development of modifications of the plan for their own use. Last year was a particularly traumatic year for the 26 school districts of northeast Iowa as the plan was used over two dozen times to respond to a wide variety of traumas including: suicides, hunting accidents, staff deaths, parental suicides, tornadoes, sexual abuse, and car accidents.

While having a plan in place did not take away the trauma, it did allow those responding to it to do so in a planned manner which decreased much of the chaos typically associated with such traumas. Having a plan in place was especially appreciated by the administrators when dealing with their staff and the media. The simple knowledge that previous thought has been given to the inevitability of the unthinkable makes a calm response possible which in turn provides vital reassurance.

Crisis management has traditionally been an area that School Social Work has been looked to for leadership. Phil Piechowski's (School Social Work Supervisor, AEA 9) work in Suicide Prevention Inservicing for staff has provided excellent modeling on effective training in this area. Sara Trueblood (School Social Worker, AEA 5) and I just completed an episode of Student Choices/Student Voices on "Life after Loss" for IPTV. The Traumatic Event Response Plan has been shared at a number of conferences and inservices, the most recent being a Staff Development Inservice organized by Al Flieder (School Social Work Supervisor, AEA 10). The Traumatic Event Response Plan has been distributed to all School Social Work Supervisors.

While all this is well and good and improves the services to the students and communities we serve, isn't it rather piecemeal? *Yes.* Isn't the state department concerned? *They are.* Jim Clark was instrumental in finding funding to sponsor a conference last spring in northeast Iowa for responders to debrief and learn from each other. Isn't ISSWA concerned? *Yes.* They asked me to write this viewpoint and you will find articles in this issue dealing with this topic. Aren't AEA's concerned? *Yes.* They have requested a workshop for board members at the state AEA Board Members Conference this spring to learn more. Aren't you concerned? *Yes.* You are reading this Viewpoint. Isn't all that enough? *No.*

We are in need of a statewide approach to dealing with traumatic events. Not developing such an approach is sanctioning school systems being "stuck" in the first stage of grief - denial. All the very powerful factors which are present at the moment of crisis make it very easy to deliver the message that this particular trauma (no matter what it may be) will not affect us. Those of us dealing with the direct results of such denial realize the futility of denial. Pain will be dealt with one way or another. Our hope is that with proper support, our students and staffs can move through the pain that comes with trauma and grow from the experience.

So whose responsibility is it to develop a comprehensive approach to crisis management? Is it the State Department's? Is it the AEA's? Is it the LEA's? Is it ISSWA's? Is it mine? Is it yours? The obvious answer is - *all of the above.*

Bob Gallagher, ACSW
Supervisor, School Social Work Services
AEA 1
Dubuque, Iowa

Editor's Note: Readers may also wish to refer to Grooters, L. and Weber, E. (1989). Expecting the unexpected: How a crisis response plan can help you. Iowa Journal of School Social Work, 3. *43-47.*

Do you have an idea for a Viewpoint? Send manuscript or inquiries to:
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TRAUMATIC EVENT RESPONSE:
A PERSONAL PERSPECTIVE

James P. Clark

The following is the text from an opening address presented at the Traumatic Event Response Team Conference on April 5, 1990 in Dubuque, Iowa. The event was co-sponsored by the Iowa Department of Education, Bureau of Special Education and Keystone Area Education Agency, Division of Special Education.

I have both a professional reason and a personal reason for wanting to welcome you here this evening. From my professional point of view as a school social worker, I certainly recognize and am deeply concerned about the many emotional and social stresses that seem to be increasingly and more dramatically affecting the lives of children and families in our Iowa communities. In the case of events that are traumatic and characterized by acute crises such as accidental death and suicide, it is clear that there is a critical and growing need for planned, purposeful and timely professional responses to assisting those in need - the kind of work and caring that you are all providing so effectively through traumatic event response teams. So it is exciting to have the opportunity to support and enhance your efforts as you strive to provide this vitally important caring.

But, I also have a personal reason for being here. My 10 year old son is a fourth grader who is having a great year in school. He is a good student and generally things come easy for Adam. However, there is something that has not been easy for Adam this year. There are two empty desks in his classroom. There is one less player on his baseball team and one less player on his soccer team. The boy who played his shadow when he had the lead in the school play "Rumpelstiltskin", and quietly whispered prompts to him when he couldn't remember his lines, won't be in any more plays. He is now a fading memory to Adam and his classmates.

Jacob was on Adam's baseball team. He was a bright, friendly, rather unassuming boy who everyone just seemed to like. In a tragic series of events Jacob developed a treatable bowel disorder which got progressively worse over the course of several months. As he became more chronically ill and physically deteriorated the school nurse and principal approached the parents concerned about whether Jacob was receiving appropriate medical care. Believing that adequate care was not being provided the school contacted the Department of Human Services (DHS) to report the situation. After a review of the information the report was rejected by the DHS investigator. Five days later Jacob died.

The school and community struggled with a sense of having failed to protect a child. The system and all those in the system shared a feeling of guilt about the tragedy - a feeling that it could have been prevented. The Traumatic Event Response Team intervened and has helped to heal these wounds.

Peter was a classmate who was on Adam's soccer team. He was a very bright boy and a good soccer player. Very early on a Friday morning a few weeks ago, Peter's mother awoke, took a gun and shot him. Then she shot herself. Peter died instantly and his mother died a few days later in intensive care at a local hospital.

The school received the news of Peter's death after the school day had begun. The Traumatic Event Response Team was called to help students and faculty to grieve and to begin the process of healing. This particular day Adam had planned to get off the bus after school at a friend's house. After hearing of the incident my wife called school and left a message for Adam telling him to take the bus home after school instead. We needed time to discuss the incident with him. We wanted to be certain he had accurate facts about the situation and we wanted to give him the opportunity to express any sadness, confusion, uncertainty, or fear he might have been experiencing - we wanted to provide an opportunity for debriefing. This process was made easier by the help the traumatic event response team had provided at school during the day.

The fourth grade curriculum at Adam's elementary school has a strong written language program. One of the methods used is having the students write frequently in a journal. I found a comment Adam made about Peter's death in his entry for Monday, February 12, 1990. It struck me as being a factual, rather out-of-context statement, in the midst of his account of the usual "every day life" kind of observations of a 10 year old boy.

His entry read:

"In my basketball game I scored 10 points and had lots of rebounds, but we lost. In my soccer game we played Bondurant. The last time we played we tied. In this game we came back to win 10 to 7. On Friday Peter died. We didn't have reading because other classes had field trips. I also had a slumber party for my friend's birthday..."

The next day, February 13, 1990 his entry read: "Today we finished the book My Teacher is an Alien. It was really a good book. Today Peter's mom died".

Another technique used with the journal is to have teachers and parents add comments. On February 19, 1990 my wife made this entry in Adam's Journal: "Adam - We were very sorry and sad to hear about Peter. I'm sure all the kids miss him. I am grateful we have a happy, secure family. We love you. -Mom." Standing in the kitchen Adam read the entry, smiled and skipped away seemingly reassured and comforted.

In the school newspaper Adam's classmates set about the task of healing as they wrote about how they remembered Peter.

Jake wrote, "Peter was a very special friend."

Jill wrote, "If you were feeling down, or really sad, he'd come along and tell you a good joke. He had a GREAT sense of humor."

Sally wrote, "Peter was such a great friend. I can't say how much I liked him."

Kelly wrote, "When I was down in the dumps, he made me feel better."

And finally, Nate wrote, "I found out he was alot like me."

The grim reality of these incidents is that essentially these boys died at the hands of their own parents. In light of this how do we reassure Adam and his classmates that the classroom and the community they live in truly is safe, nurturing and caring? How is it that parents kill their own children? How can we explain this to fourth grader? How do we go about the healing that so desperately needs to take place?

Please keep caring. What you do is vital, essential, and the ultimate act of personal and professional caring. Adam and his classmates need you.

AUTHOR'S NOTE

The purpose of Traumatic Event Response Teams is to assist students, school staff, families and communities in responding to traumatic events such as accidental death, suicide, homicide, death resulting from illness, serious injuries, etc. Many schools have traumatic event response plans which outline specific procedures that are to be used when traumatic events occur. Typically a team leader coordinates the team's activities. Team composition varies with participation from a variety of school professionals such as school counselors, school social workers, school psychologists, school nurses, teachers, principals, etc. Many teams also include professionals and others from various agencies in the community such as mental health centers, churches, or other specialized family service agencies.

ABOUT THE AUTHOR

James P. Clark, ACSW, LSW is Consultant, School Social Work Services, Iowa Department of Education, Bureau of Special Education. He is currently a member of the Midwest School Social Work Council and President of the National Council of State Consultants For School Social Work Services. He is also a past President of the Iowa School Social Workers' Association.

SCHOOL SOCIAL WORK WITH VICTIMS OF TRAUMA

Mary Beth Williams

In daily practice, school social workers encounter children who have been exposed to a variety of stressful events. Traumatic events — that is those outside the range of normal, everyday experience — vary in kind. They may include the death of a parent, teacher or friend; witnessing murder, violence, or parental battering; physical and/or sexual abuse; or falling victim to a natural or manmade disaster. Therefore, the school social worker needs a working knowledge of crisis intervention and of treatment for post-traumatic stress. This article presents twelve general counseling principles which may be modified to fit the age and/or developmental stage of the child who is dealing with the aftereffects of trauma.

CASE PRESENTATION: THE TRAUMATIC EVENT

The calls begin Sunday about noon. One of four fourth grade teachers in a small suburban school system has been killed in a traffic accident. The crisis intervention team consisting of the Director of Pupil Personnel Services, a school psychologist, a school social worker, and an elementary school counselor is notified. Teachers are briefed Monday morning before school begins. They express their own grief, ask questions about "what happened?" and then turn to how to deal with the students.

Members of the crisis team are assigned to each of the four classrooms. The first order of business is to address each class as a whole. It is to the team's advantage that the students have already heard about their teacher's death. They have had some time to accept the reality of the occurrence of the event with possibly the support of parents and others during the preceding afternoon and evening.

The crisis team members and teachers in each of the two fourth grade teams discuss the accident. They present the known facts, discuss normal grief reactions, and then open the floor to discussion by the students. Everyone is alert and watches for students who are reacting in a more distressed manner than other students. These students, at least for the next few days until after the funeral, will be counseled both individually and in small groups (depending on the preference of those students and the extent of their expressed grief).

The children, teachers, and even the crisis team members themselves (who were all friends of the deceased teacher) are experiencing a stress reaction. Most of these persons will put the stress behind them within a few days to a few weeks. However, according to research studies of persons who have experienced a major stressful event, at least ten percent of those children and possibly adults will experience profound long-lasting stress effects (Manson, 1989). The cognitive symptoms of their reactions may be memory loss, difficulty making decisions, difficulty with problem solving, loss of attention and concentration — factors important to successful school performance. In addition, their emotional symptoms may include anxiety, fear, grief, depression, irritability, anger, identification with the deceased teacher, and feelings of being overwhelmed or hopeless.

TRAUMATIC STRESSORS MAY LEAD TO TRAUMATIC STRESS REACTIONS

The death of a child's parent or teacher, the suicide of a classmate, sexual or physical abuse, exposure to family violence and parental battering are called traumas or traumatic stressors. A traumatic stressor, as defined in DSM-III-R (1986), is an event that is out of the range of normal, everyday experience. It is a crisis point which upsets the equilibrium of the person involved and often results in disorganization and inability to cope.

The extent of the traumatic impact upon a person, however, depends on many factors. These factors include: the perceived threat to life and limb; the time duration of the trauma; the causation of the loss (manmade or God-made, intentional or nonintentional); and the manner in which the event effects the beliefs and expectations (schemata) of the individual. A key factor is how the event fits into the child's life view. Therefore, a school social worker who counsels a traumatized child must determine first what beliefs the event challenges or changes. For example, is the event the child's first exposure to death? Does it challenge the child's conception of what is "fair" or "just"? Does the child still see the world as kind, rewarding and benign? Or, is the world no longer predictable and controllable for that child? Traumatic events, in some way, invalidate aspects of the child's previous view of the world.

If the reaction to the traumatic event is long term and chronic, denial frequently occurs after the initial outcry and alarm phase. This denial may occur even during the event itself via repression, dissociation, amnesia, or splitting into multiple personalities if the trauma is extremely severe (e.g. abuse in a ritualistic, intergenerational cult). It may remain buried for years until, perhaps, after a similar crisis occurs (e.g. the death of another close friend or authority figure), memories, intrusive thoughts or other images start to intrude into consciousness.

INTERVENTION

The school social worker's interventions in dealing with trauma are two-fold. By helping students who have recently been traumatized to "debrief," the school social worker possibly prevents or minimizes the existence of long term post-traumatic reactions. Providing support, understanding, empathy and caring to a traumatized child helps that child to express grief, loss and other post-trauma emotions. Secondly, the school social worker assists children who have been traumatized in the past or over a longer period of time. Providing support and counseling to a child victim of sexual abuse who has recently revealed long term molestation or to a child who has been exposed to serious parental violence involves more than debriefing or short-term counseling. Children traumatized over a long period of time or seriously traumatized for a shorter period of time (e.g. those children kidnapped from Chowchilla or exposed to death and murder in the Stockton School massacre) need more intensive help.

According to McCann and Pearlman's (1990) contextualistic theory of trauma, it is possible that the stressor event has impacted the beliefs and expectations of the children (their schemata). The child's beliefs about safety and trust of self and safety and trust of others (as well as issues of power, esteem, and intimacy both toward self and others) have often been seriously damaged and weakened by the trauma. Social work intervention must be designed to help the child utilize his/her capacities and resources to resolve trauma memories as well as accompanying behavioral, cognitive, emotional, physiological and relationship effects. Work with the traumatized child must be shaped to fit the individual profile of the child (i.e. the specific situation, belief system, environmental context and cultural milieu). Individualization helps the child understand and cope with his/her world.

PRINCIPLES OF POST-TRAUMATIC COUNSELING FOR CHILDREN

The following section of this paper describes this school social worker's theory of post-traumatic counseling with both elementary and secondary age children. The utilization of the principles and techniques must be modified to fit the age and/or developmental stage of the involved child. However, these principles are central to a post-traumatic counseling approach in a school setting.

This approach to counseling proceeds from the perspective of psychological health. The post-traumatic reaction to a stressor outside the usual range of experience is a normal reaction. The primary purpose of post-traumatic counseling is to help a child abreact memories. The counseling process seeks to connect all parts of the experience — sensations, knowledge, affects and cognitions/memories — together (Braun, 1989). Through this process, the memory's energy is released and "let go" and the memory becomes integrated into the child's past. Thus, the aim of post-traumatic work with a child is empowerment, acceptance, and a change in belief systems so that the child can adapt more successfully to his/her changed world.

The school social worker must first and foremost attempt to establish a trusting relationship with the child. Traumatized children frequently find it extremely difficult to trust anyone. The school social worker also helps the child to trust his/her own feelings, memories, and body responses. Use of the following post-traumatic principles of counseling will help build that trust as well as work out traumatizing memories.

1. Establish a safety milieu for the child. The time spent with the school social worker is a safe time in a safe location. If the school social worker learns in the course of the meetings that the child is still being exposed to or victimized by abuse, violence, or other events, he/she must assure the child that a report will be made to the appropriate authorities. The school social worker must then, immediately, make that report.

2. Expect testing over a long period of time. Any seriously traumatized, abused child expects to be hurt, let down, or betrayed by adults other than the abuser. The child will test the school social worker repeatedly.

3. The primary response of the school social worker to a traumatized child (no matter what the degree of trauma) is empathy. The school social worker must believe in the reality and individual perceptual meaning of the child's experiences.

4. The school social worker needs to educate the child about the nature of grief as well as the normal stress and post-traumatic stress responses. Thus, it is imperative that the school social worker have a working knowledge of post-traumatic stress theory, crisis intervention theory, and debriefing techniques.

5. Only a remembered trauma can be worked through and then let go. Working through memories unblocks the energy. Additionally, working through with children frequently involves multiple repetitions to help "make sense" of an event. The school social worker must have patience if the same questions are asked over and over: "Why did my teacher die?"; "Why did it happen to her?"; "Why did it happen to me?"; Why was I hurt by —?"; "Why isn't life fair?" The goal of memory work is to help the child construct a personal meaning of the trauma as the child learns that he/she will never totally forget what happened. However, his/her intense pain and affect which accompanies the memories will dissipate in time.

6. Memory work also involves emotional release. If the school social worker cannot deal with another's pain, trauma work is not for him/her. Children need to cry and, at times, the school social worker may cry as well. Helping a child to express anger in an appropriate manner is another part of this work. "Slime balls" to throw on walls, foam "anxiety brick" to squeeze, "Nerf bats" to hit on furniture are good tools to use with extremely angry children. The school social worker teaches children that acknowledging and expressing emotions is an "ok", necessary part of the healing process.

7. Children need to identify and deal with losses that have occurred because of the trauma. In the case example, the teacher who died was a long term substitute mother for several children. Not only did these now-adolescents lose a former teacher and friend, they lost a very significant

parent-figure who attended concerts, wrote notes, gave them presents and emotional support. Grieving losses is essential for healing.

Children who have been molested for an extended period of time have even more traumatic losses. They have lost healthy childhood relationships, a nurturing relationship frequently with parental figures, and even childhood itself. They have also lost their innocence, control over their own bodies, privacy, and the right to eventually choose their own first sex partner.

8. As the school social worker helps the child deal with losses, he/she also helps the child build self-enhancing beliefs and expectations. These beliefs build the child's self-esteem and feeling of empowerment and control. Helping a victimized child develop a "Personal Bill of Rights" might be one appropriate task in this process.

9. Through his/her relationship with the child as well as through the use of social skills training exercises, the school social worker can help the child build appropriate peer and other adult relationships. Specific techniques might include helping a victimized child learn to set boundaries, personal limits, and be assertive, develop problem-solving skills, and develop self-control.

10. As the school social worker builds a relationship with the child, he/she is establishing a differential diagnosis and treatment plan. Does the child have other problems which need outside school intervention? Is family therapy needed? Is a referral to a private practitioner appropriate? Does the child express self-destructive thoughts or behaviors? Is there evidence of an eating disorder or a substance abuse problem? If so, the school social worker, in conjunction with other Pupil Personnel Team members, frequently is a primary referral source for additional treatment and liaison with external school agencies and practitioners.

11. The school social worker should be familiar with a variety of treatment methods and modes of expression. Traumatized children who have had long term abuse or intense short-term experiences may not be able to express their pain verbally. The use of art therapy techniques, music therapy, play therapy, sand tray work, bibliotherapy, or journal writing may be extremely helpful. The use of writing therapies (particularly for upper elementary or middle and high school students) can help those students express their pain. Involving children in a group of similarly traumatized individuals can also be an important counseling technique.

12. The key to recovery from a traumatic event is empowerment. Empowerment of the child is the outcome goal of the school social worker's relationship with that child. Empowered trauma survivors acknowledge their experiences and accompanying effects, set appropriate self-boundaries, have positive social skills, good self-esteem, and self-protective beliefs about safety, trust, power, esteem and intimacy. In addition, they

are able to put the trauma into a past perspective and "go on" with their lives.

CONCLUSIONS

These twelve principles are the core of post-traumatic counseling with children. To be sure, "time heals all wounds" — unless the wounds are buried, repressed or dissociated and until the wounds intrude into the child's life at a later time. By helping children face their pain and their losses, the school social worker is in a unique position of secondary prevention. Trauma may result in victims but the school social worker can help those victims become survivors.

The process and duration of post-traumatic counseling depends, in part, on the nature of the stressor event to which the child was exposed. Eight to ten weekly individual or group sessions focused on working out a death, divorce or loss may be sufficient. However, children who have had enduring, intrusive, violent, or coercive abusive experiences may require more long term counseling and support. Periodic "check in" post-treatment counseling sessions may also be necessary. If a child receives counseling outside the school setting, post traumatic school-based counseling needs to supplement that treatment not supplant it. Communication between therapist and school social worker is essential to ensure against the existence of conflicting styles, techniques or messages. However, if the principles of post-traumatic counseling are followed by all professionals involved, children are able to heal.

The following poem, written by an adult survivor of child sexual abuse, illustrates many of the principles of post-traumatic counseling. It describes the healthy release of emotions.

I'm Healing!!!

I'm Healing!!!
Can you hear me — I'm Healing.
Healing from the hurts of my past!
No, the hurts won't ever really go away.
How do I know? because . . .
Many times I've asked this question.
I can talk, relive the pain and anger.
Anger used to hurt me . . . on the inside
Now it's healing . . . because it's on the outside.

It's my weapon — helps release my shame.
Can you hear me? I'm' HEALING!!
The tears that once hurt me so bad now are so cleansing.
With every tear, more and more pain is released.
With ever release I GROW — the more I grow - I'm HEALING!
Just keep listening to my silent screams.
They are turning to cries of relief!
Can you hear me — I'm HEALING!!!

Marla McDonald 7/89

The school social worker as the listening professional, facilitator, educator and counselor can help turn "silent screams to cries of relief."

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ABOUT THE AUTHOR

Mary Beth Williams, Ph.D., LCSW, has been a school social worker for 21 years. Additionally, as a private practitioner, she specializes in the treatment of trauma survivors and persons with dissociative and multiple personality disorders.

Editor's Note: An extensive bibliography on post-traumatic stress disorder is available from Mary Beth Williams, Ph.D., L.S.W., at Route 5, Box 283, Warrenton, VA 22186, for the cost of reproduction.

SCHOOL SOCIAL WORK INVOLVEMENT IN COMBATING CHILD SEXUAL ABUSE: A CONTINUING NEED

Henry L. Pothast and Howard Harrington

Because of their professional background and practice setting, social workers in schools are in a position to exercise leadership in dealing with child sexual abuse. However, there is a dearth of literature concerning a response to this problem by school practitioners. There continues to be a need for school-based efforts in several areas: (a) awareness, identification, and reporting; (b) follow-up; and (c) prevention. The current status of efforts in each of these areas is outlined, and practice implications are discussed.

The problem of child sexual abuse has emerged in recent years as a matter of much public and professional concern. Studies using a variety of definitions have estimated victimization rates of 6 to 62% for females, and a 3 to 31% for males, in the general population (Peters, Wyatt, & Finkelhor, 1986). A substantial number of children are victimized, and it appears that much abuse remains unreported (Finkelhor, Hotaling & Yllo, 1988). The needs of sexually abused children and their families are reflected by data revealing the negative consequences of victimization (Browne & Finkelhor, 1986). Educators and social workers face the challenge of responding to a serious problem that was regarded until the 1970s as one that affects a very small number of children.

Conte (1987) asserted that, because of its focus on interactions between persons and situations, social work can play an important role in efforts to deal with the problem. Futhermore, the profession has been prominent historically in developing and managing services to maltreated children and their families. In the educational host setting, social workers serve the needs of pupils by practicing among school, family, and community systems. Given this professional incumbency, it seems especially fitting for school social workers to assume a leadership role in efforts to combat child sexual abuse.

The school setting affords considerable opportunity for identification and follow-up of victims as well as for prevention services. However, a review of Social Work Research and Abstracts from 1980 through June, 1990 uncovered only one article on child sexual abuse specifically discussing activities of social workers in schools (i.e., Yungman and Hegar, 1986). The present article updates and extends the latter authors' work; it also brings this topic once again to the attention of professionals.

AWARENESS, IDENTIFICATION, AND REPORTING

The schools have close contact with most children for significant amounts of time. This includes children at risk and those who have been abused. However, for a number of reasons school personnel may not report child sexual abuse to an extent commensurate with their involvement in children's lives. Levin (1983), for example, documented teachers' perceptions of their own lack of preparation in recognizing signs of abuse. In addition, a number of myths may bias professionals' perceptions. Such myths include the notion that child sexual abuse is extremely rare, that only certain types of offenders (e.g., males and psychotic individuals) sexually exploit children, and that male children are rarely victimized.

Even when abuse is detected, some professionals may not report it because of anticipated negative consequences of disclosure to authorities (Winefield & Castell-McGregor, 1987). Possible consequences include: (a) retribution by the perpetrator (or by others) toward the victim and/or toward the informant; (b) a need for court involvement; (c) family breakup; (d) damage to the reporting professional's relationship with the child and/or family; (e) mismanagement of the case by the system; and (f) "losing" the child and family because of unavailability of suitable agencies or professionals for follow-up. As potential reporters, educators can benefit from information about possible post-report scenarios; such information may be available from human services personnel who routinely deal with such matters within the local jurisdiction. It may also be helpful for school personnel to receive preparatory training in areas such as documentation and courtroom testimony.

It is important that educational professionals acquire factual knowledge covering topics such as reporting laws, school policies, myths, indicators/effects of abuse, and intervention/prevention strategies. Likewise, it is critical that they develop awareness on perceptual and affective levels. Of primary importance is the extent to which they perceive school-based child sexual abuse programs as relevant to the educational process. Preliminary evaluations suggest that, in addition to enhancing teachers' knowledge in this area, in-service training programs can increase pro-prevention attitudes (Kleemeier, Webb, Hazzard, & Pohl, 1988; McGrath, Cappelli, Wiseman, Khalil, & Allan, 1987).

Anxieties associated with the topic of abuse may be significant for professionals themselves. Such emotional responses may adversely affect a child's disclosure (Frosh, 1987). Some adults (in the authors' experience, even professionals at the master's degree level) lack empathic understanding of the exploitive, extortionistic nature of abuse situations. As a result, such individuals may blame the child or may react punitively toward him or her. There is a need for consultation in the schools to address these affective and attitudinal concerns.

Improved knowledge and preparation have implications for a school's personnel policies and relations with the larger community. As Weinbach (1987) noted, greater awareness may increase the chance that sexual exploitation of children by school personnel will be discovered; in addition, some persons (e.g., male teachers) may incur greater suspicion and thus become more susceptible to false accusations. These issues underscore the complexity of the problem as well as the need for schools to develop plans in advance for managing personnel and public relations crises.

Even if schools are receptive, community awareness and recognition of the need for programs are still essential for dealing more effectively with child sexual abuse. Sexuality and family violence are issues that can provoke considerable anxiety; for this reason, care must be taken to build support for school-based programs in ways that maximize citizen ownership and involvement. Community support largely depends upon awareness of the scope, effects, and common misperceptions of the problem. Organizations such as churches, service clubs, parent groups, and human service agencies are local resources that can help to disseminate such information. Although the problem generally has become a more visible subject of media coverage, it is important that sexual victimization of children be recognized by the public as a largely undetected and unreported phenomenon.

FOLLOW-UP

Systems outside the school—primarily legal and human service systems—are often involved extensively in responding to the needs of sexually abused children and their families. This is especially true during the period immediately following a report. However, during and after investigation, educational professionals can play an active support role. For example, they may receive further disclosures from an abused child or from significant others; they also may be called upon to provide treatment personnel with information concerning the child's adjustment and needs. School personnel need preparation and support to perform these tasks effectively.

It has been suggested that educational support personnel can intervene most appropriately in cases of child sexual abuse by linking families with community resources (Brassard, Tyler, & Kehle, 1983). A number of treatments (e.g., group therapy for victims, work with siblings and nonabusing parents, and family therapy) may be needed. Providing information about such services and making necessary referrals are important casework tasks. However, in rural areas educational support personnel may be the only professionals available to provide treatment. For this reason, clinical expertise can be an especially valuable asset for school social workers who work with abused children and their families in geographically remote schools.

Regardless of whether a victimized child remains in the home or is placed in foster care, it is important to facilitate her or his resumption of academic and social routines. Toward this end, adults at school must maintain an open and caring attitude without attributing a "damaged" status to the abused child. While a child who has been sexually abused needs understanding, he or she may also require external controls for acting out against self and/or others. In some instances, victimized children will display sexually precocious and intrusive behaviors that must be managed in a firm, calm, and supportive manner. Indeed, specific knowledge and skills are required at every stage of work with children who are thought, or know, to have been sexually victimized.

Identification and reporting can be expected to produce reverberations within the social network of the abused child, especially in cases of incest. Emotional and behavioral reactions of siblings, cousins, or others close to the victim may become concerns for school personnel. Possible reactions include feelings of shame, fear of family upheaval, and attempts to retaliate against the disclosing child. In addition, relations may become strained between school professionals and parents of a child believed to have been victimized. In-service training and consultation are vehicles for assisting educators in anticipating and handling such situations.

Advocacy within the system is yet another important need of a sexually abused child. Although advocacy is generally considered a major province of child protective and social welfare agencies, human error can, and sometimes does, result in the breakdown of appropriate intervention by these providers. Thus, it is important for school personnel to monitor follow-up activity in order to ensure its adequacy in meeting the needs of the child and family. Such follow-through on referrals is generally recognized as sound clinical procedure; it is also particularly appropriate for social workers engaged in school/home/community liaison.

PREVENTION

In recent years, there has been an increase in the number of programs aimed at preventing child sexual abuse. Such efforts have been undertaken in preschool and daycare settings (e.g., Borkin & Frank, 1986; Spungen, Jensen, Finkelstein, & Satinsky, 1989) as well as in schools, especially at the elementary level (Wurtele, 1987). These programs vary in delivery, content, length, audience, and presenter characteristics. Generally, sexual abuse prevention programs for children address areas such as: (a) distinguishing comfortable ("good," "okay") touch from uncomfortable ("bad," "not okay") touch; (b) asserting the right to body privacy and control; (c) trusting and accepting one's own feelings; and (d) telling a responsible person if abuse has occurred or was attempted. Preliminary data suggest the superiority of programs containing participant modeling and rehearsal of personal safety skills (Wurtele, Marrs, & Miller-Perrin, 1987; Wurtele, Saslawsky, Miller, Marrs, & Britcher, 1986). Innovations have appeared nationwide; however, because school-based prevention efforts are in the beginning stage, there is as yet limited research to guide their development (Wurtele, 1987). Perhaps the most far-reaching role for school social workers in combating child sexual abuse involves the development, implementation, and evaluation of prevention programs.

Although optimism generally prevails concerning prevention programs in the schools, dissenting views have been presented. Problems envisioned by some authors include the risks of frightening children and of interfering with their sexual development (Gilbert, 1988; Trudell & Whatley, 1988). Nevertheless, recent program evaluations suggest that prevention strategies can be effective without causing undue emotional distress in children (Binder & McNiel, 1987; Niebert, Cooper, & Ford, 1989).

As a possible consequence of exposure to sexual abuse prevention programs in schools, children may be more likely to disclose their own abuse experiences (Garbarino, 1987). In anticipation of increased self-reporting of victimization, school personnel must be prepared to facilitate disclosure, to report suspected abuse, and to support a child after a report is made. Thus, when planning prevention programs, it is essential to ensure that appropriate measures can be taken to deal with abuse that has already occurred.

A final note on prevention pertains to the targeting of potential perpetrators of child sexual abuse. Prevention efforts have generally focused on children at risk of victimization (Cohn, 1986; Trudell & Whatley, 1988). Because perpetration by adolescents has been identified as a common precursor to offending in adulthood, the idea of working with juveniles to prevent perpetration merits careful consideration. Increasingly, schools are recognizing the need to address adolescent sexual behavior from a public health perspective. Perhaps greater openness to sexuality as a legitimate domain of education will, in conjunction with increased public awareness of the problem of child sexual abuse, pave the way for school-based perpetration prevention.

PRACTICE IMPLICATIONS

Social work has a professional heritage of child and family advocacy and is distinguished by practice at the person-environment interface. These traditions, it can be argued, provide an impetus for school practitioners to assume a leadership role in attacking the problem of child sexual abuse. Unfortunately, the literature does not as yet indicate that school social workers have assumed this responsibility to an appreciable extent. From the overview presented in this article, it is apparent that much can be done in the schools to enhance efforts to deal with child sexual abuse on several fronts—awareness, identification, reporting, follow-up, and prevention.

The school is a natural host setting for social work practice that addresses sexual exploitation of children. At the same time, readiness on the part of schools, communities, and professionals is vital to the success of such efforts. School-based responses to the problem call for knowledge and skills in a range of practice activities. Among these activities are research, community organization, consultation, and direct treatment. Schools of social work can play a key role in adequately preparing practitioners to meet these demands. Furthermore, continuing education programs are needed to upgrade the skills of line social workers and to keep them informed of current developments in this rapidly expanding area.

School-based efforts to confront the problem of child sexual abuse require interdisciplinary cooperation and coordination. Concerns about overlapping professional boundaries must be resolved, especially among support personnel such as counselors, nurses, psychologists, and social workers. Each of these disciplines can contribute expertise. As school social workers assert leadership in the development and implementation of school-based programs, they will face a major challenge in facilitating an effective team effort.

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ABOUT THE AUTHORS

Henry L. Pothast, Ph.D., is a clinical social worker with the U.S. Air Force, Sheppard AFB, Wichita Falls, Texas. He was formerly a school social worker at Area Education Agency 6, Marshalltown, Iowa.

Howard Harrington, MSW, is a school social worker at Mississippi Bend Area Education Agency 9, Bettendorf, Iowa.

THE PLACE OF THE SCHOOL EXPERIENCE: A CONTENT ANALYSIS OF RECENT SOCIAL WORK LITERATURE

Sallie C. Verrette

This article summarizes a content analysis of 118 articles dealing with children's issues published in three major social work journals from 1985 through 1989. The importance of the school experience is briefly discussed together with the fact that a large majority of the articles reviewed made only brief or no reference to school or to the child in school. The significance of this finding for the school social worker is discussed.

The school social worker, working in the educational environment, must quickly learn to adapt to the needs of this environment. Social work training in organization theory greatly facilitates adaptation to the particular hierarchical structure of the school. Training in communication and group process enhances the school social worker's ability to work effectively as part of a multidisciplinary team. However, little in social work education prepares the school social worker for the requisite understanding and appreciation of the experience of the child in school. The school social worker is in the position of viewing the child as an individual going about the business of school separated from the family environment and, at the same time, working with the family on school-related concerns. Hodges, Guterman, Blyth, and Benson (1989) stress the importance of the school experience:

> Children spend almost half their waking hours in school related activities. If a child is not having a successful and positive experience at school, he or she might internalize these feelings into negative self-statements and feelings of failure. A child who feels positively about him or herself is much more likely to have positive interactions with family and peers during non-school hours.

The school social worker is expected to perform a variety of tasks; Levine and Mellor (1988) use the ecological perspective to affirm that a model for school social work practice requires activities at multiple levels of service to support school and home environments that promote effective learning for children.

Meares and Lane (1987) argue that for all social work practice the ecosystems framework is a particularly sound one for conducting assessments and development of treatment. They cite several of Siporin's (1980) principles that support this argument: the mutual interdependence among person, behavior, and environment and the belief that behavior results from mediated transactions. Siporin further suggests that an ecological model develops a holistic and dynamic understanding of people and that because of its multifactorial nature, it encourages social workers to use a varied repertoire of assessment instruments and helping interventions.

In their presentation of the ecosystems framework, Meares and Lane (1987) develop several practice principles. They believe that a comprehensive ecosystems approach requires data from home, school, and community and stress that a practitioner cannot achieve a clear picture of a client's situation if data from any of these components is missing. Intervention strategies, to be effective, must be linked to these components.

The school social worker frequently deals with social workers in a variety of areas of practice such as a department of human services, a local mental health center, or a hospital. It is all to often apparent that the school experience is not always taken into account, or at least not fully assessed. Confidentiality often makes the information sharing process cumbersome because of the necessity of obtaining written releases. One of the parties involved, social worker or client, may be reluctant. If the importance and value of accurate and full information about the child in school were substantiated in social work literature dealing with children, there would be greater impetus to obtain and to use these data.

The question then becomes to what degree social work literature does consider this aspect of a child's life. To answer this question, a content analysis of current literature, loosely based on Meares (1985) suggestions, was undertaken. Three major social work journals were selected for review of articles dealing with children between the ages of five and twelve. The journals selected were Social Work, Social Service Review, and Social Casework for the years 1985 through 1989. Journals specific to social work in schools, such as Social Work in Education, were excluded. Articles listed in the annual indices under the headings children, schools, education, and families were included.

A total of 118 articles were reviewed. Of these, three articles were exclusively about school social work. Twelve had references to the child in school of at least one paragraph in length. Twenty-four contained brief mentions of a sentence or two which referred to school or to the child in school. The remaining 70 had no reference to school at all, although they dealt with a wide variety of issues related to children.

The first (Chavkin, 1986) of the three articles on school social work is a quantitative study of Costin's research recommendations on school social work. Lee (1987) surveyed 120 school social workers in Louisiana, analyzed their perceptions of their tasks, and provided an indicator of the relative emphasis they place don their tasks. These two articles are therefore primarily concerned with task analysis.

Barth and Kurtz (1989), however, added illustrative case vignettes to their report of a task analysis based on a survey of 253 school social workers in 24 states. The result is that knowledge of the school experience is integrated with referrals and interventions. One case vignette describes the development of a school and juvenile court interagency team to create a school climate improvement plan.

The remaining 35 articles reviewed were divided into four categories and classified as to length of reference.

TABLE

	Treatment/Intervention Issues	Problem Definition Diagnostic Issues	Advocacy Issues	Adoption/ Foster Care Issues	Total
Long	6	4	1	1	12
Brief	10	7	4	3	24
Total	16	11	5	4	36

Many of the longer references in the intervention category deal with a multidisciplinary approach to school problems. Comfort (1985) is a proponent of team evaluation of learning problems and believes that early intervention with families of learning disordered children encompasses all the basic principles of social work training. Mervis (1985) describes a peer pairing technique used in the school setting. Mouzakatis and Goldstein (1985) report on a multidisciplinary approach to treating child neglect, including among others a teacher and school social worker. In their description of a comprehensive program for post-disaster counseling, Seroka, Knapp, Knight, Sieman and Starbuck (1986) demonstrate a clear awareness of the importance of the school setting and incorporate this awareness into their recommendations. Two articles on aftercare (Catalano, Wills, Mason, and Hawkins, 1989, and Hodges, Guterman, Blyth, and Benson, 1989) both present plans which include recommendations specific to the needs of the child in the school setting. Hodges et al. emphasize the importance of school stability, placement in an appropriate program, and teaching the parent appropriate advocacy skills. They state that coordinated planning and decision making involving home, school, and community are crucial to successful aftercare.

There are four articles with longer references in the diagnosis or problem definition category. Johnson's (1989) two articles deal with the disruptive child. She cites school failure as an early predictor of delinquency and points out that an unsupportive school environment is related to unfavorable school behavior. In her article on problems of defining disruptive behavior, the importance of school reports is noted. Johnson states that the DSMIII-R is designed to identify problems from a framework of goodness of fit within the environment. However, she also feels that the DSMIII-R is cognizant of person-environment interactions. A an example of the recognition of person -environment interaction, Johnson notes that the refusal of a child to attend school is listed as a symptom of anxiety disorder.

Johnson also refers to school behavior in her discussion of Attention-deficit Hyperactivity Disorder (ADHD). In an article on the diagnosis of hyperactivity, Johnson (1988) refers to the school as one setting for diagnosis. Advocacy for the parents dealing with schools is encouraged to ensure that all available options are offered to the child and that all medications are not only monitored but given proper trails.

In the fourth article in the category of longer references, Meares (1987) refers to symptoms of depression in children, including conduct disorders, hyperactivity, sadness, separation anxiety,emotional problems, suicidal ideation, and refusal to attend school. Among suggested interventions is restructuring the school environment: changing schedules, setting reasonable expectations, and changing classroom structure to minimize depressive reactions.

Dane's (1985) article on advocacy in the education of the handicapped states that P.L. 94-142 increased adversarial relationships between schools and parents as there grew to exist a greater awareness of the numbers of handicapped students and of the complexity of their needs. There has been a resultant deterioration of relationships between parents and school personnel. The school social worker advocates for families within the constraints imposed by being a member of the evaluation team.

The final article in this category of longer references is Shireman and Johnson's (1986) study of black adoptions which reports on the significance of schools in relation to the parents' community involvement. Half of all single parents in this study were closely involved with the schools in comparison to one-third of the two-parent families. School and school activities lessened the feeling of isolation in single parent families.

The briefer references were for the most part a sentence or two in the articles reviewed. Harvard and Johnson (1985) in an article advocating an ecological approach to working with single parent families encourage communication between home and school because of teachers' often biased perceptions of children from divorced homes. In their article on stages of divorce, Lyon, Silverman, Howe, Bishop, and Armstrong (1985) refer to the disruption of family routine for the children's education. Rzepnicki (1987), writing about the recidivism of foster children returned to their own homes, refers to school problems as an indicator of the child's status. Mills and Ota (1989) in their study of homeless women with minor children note that the lack of a stable residence clearly affects school performance. They cite a social work intervention which kept a child in the home school. The relationship of low school achievement to poverty is reported in Plotnick's (1989) work on directions for reducing child poverty. Wells, Stein, Fluke and Downing (1989) in an article on screening in child protective services state that educational neglect is a reason not to investigate. In Arizona, there is no investigation if a child is absent from school; truancy is referred to the school. In "Life in Remarriage Families" Dahl, Cowgill, and Admundsson (1987) say that 80% of the parents believe that since remarriage the children are doing well or improving in school. Schools did not routinely involve step-parents or non-custodial parents unless the parents took the initiative. A particularly interesting reference to schools is found in "Public Awareness of Sexual Abuse: Costs and Victims" (Weinbach 1987). The author alludes to concerns with recruiting men as elementary school teachers (as well as guidance counselors and high school teachers) because of the high likelihood of accusation of sexual abuse. The above statements are generally typical of those found in the articles which included a brief mention of the child in school or of school itself.

It is evident then from the numbers alone that the school environment and its significance in a child's life is not often taken into account in the literature. Of the 115 articles reviewed (excluding the three that were school social work specific), only 10% had a reference of at least a paragraph, 21% had a brief reference, and 69% had no reference at all.

A school social worker is necessarily somewhat isolated because of working in an interdisciplinary environment. To make the strongest professional contribution, it is essential for the school social worker to remain grounded in the social work profession and to stay abreast of new developments in the field. An indispensable part of this effort involves reading general professional journals such as the three surveyed here. However, in view of the rather short shrift given to the place of school in a child's life, reading these journals may seem at times irrelevant. By the same token, practitioners in other areas may not be cognizant of the impact of school on a child. Since these practitioners may be only vaguely aware of what happens to the child in school, inadequate data may be obtained in the assessment stage and inadequate communication between practitioner, school, and client may be the result.

While it may be argued that sufficient information is available to the school social worker in journals directed to the specialty, it can be more strongly argued that the literature needs to encourage and present a more complete and accurate reflection of the importance and impact of school for the child. Such a balanced and ecologically sound approach would benefit all practitioners and result in more effective interventions with children.

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ABOUT THE AUTHOR

Sallie C. Verrette, ASCW, is a school social worker with Heartland Area Education Agency, Newton, Iowa.

Editor's Note: The author suggests that readers refer to the November 1990 issue of Social Work which was distributed after the above article was accepted. Readers may be interested in these articles in which school experience is discussed and addresses the need that Verrette cites.

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A HOME-BASED MANAGEMENT CONTRACT FOR SECONDARY STUDENTS

Gary L. Welch

This contractual Home-Based Management Program is the result of integrating various concepts into a consistent, simple method to improve a student's performance in both regular and special education programs in the secondary grades. The identified areas of performance include: (1) passing all classes with acceptable grades; (2) completing all assignments in an acceptable manner; and (3) demonstrating appropriate behavior in the classroom when compared to other students in the same class. When the following methodology is applied, the results are encouraging for improving a student's performance in school and actively involving the student, parents, and school in a team effort. The rationale and methodology for implementation of this Home-Based Management Program are discussed in this article.

One of the most frustrating concerns for school personnel is finding a way to help improve students' performance when they are producing less than they are capable of achieving or are misbehaving in school. The primary goal of any behavioral intervention is to help students take responsibility for their own performance and behavior in school. Sometimes this goal can only be achieved when school personnel and a student's parent(s) become involved in a cooperative effort with the student that focuses on helping the student accept the consequences of his or her own choices and ultimately on making responsible choices. Another concern may be identifying effective ways to involve parents in their child's education in order to address concerns about work production or behavior. As a school social worker, this author has worked with teachers and parents to develop and implement a variety of behavioral management programs with varying degrees of success and failure over the past twelve years. Many of these programs were limited in scope or did not provide sufficient motivation for students to change their behaviors. Some plans were so complex that it was difficult to get all of the participants to be consistently involved. Some programs were unclear and therefore open to varying interpretations. Others involved so much time that they soon were abandoned. The development of this management program was completed with input from various teachers, students, and parents, as well as information gathered from workshops, personal experiences and publications. Several special education teachers in Ankeny, Iowa have been instrumental in the development, refinement and use of this management program.

RATIONALE

This program is based on three premises. The first premise is that in order to change a student's behavior, it is necessary to have a team effort that involves the student, school personnel, and parents. Education, for the majority of students, will be successful only when there is trust, accountability and shared responsibility between families, communities and schools. When teachers and parents work together, children believe that education is important (Lightfoot, 1981). Parental support and involvement is essential. High expectations and responsibility for one's own behavior are the foundations for learning and should be maintained in all areas of a child's life within the framework of his or her capabilities.

The second premise of the program is that in order to be effective, discipline and consequences must be significant to the individual student. Therefore, it is necessary to select both positive and negative consequences that have a consistent impact and are important enough to motivate the student to change his or her behavior. Rosemond (1989) indicates that privileges such as socializing with friends or the use of a bicycle have maximum pulling power because they are the things that define a child's standard of living. Just as adults are strongly motivated to maintain their standard of living, so are children. When one privilege is removed, a child will often simply find another activity, thus nullifying the impact of the consequence and limiting the change in behavior. Therefore, in order to motivate a student to change his or her behavior, all privileges that denote the child's standard of living are to be removed.

Rosemond (1989) notes that in the real world there is no possibility of a truly democratic relationship between parents and their children. The ultimate purpose of rearing children is to help them have successful lives of their own. A parent's responsibility is to teach children to become self-reliant adults who are responsible for their own behavior, realize that life is not always fair, and understand that there are no privileges without responsibility.

The third premise of this program is that many parents lack specific parenting skills and knowledge and, as a result, they often feel powerless. Canter (1982) indicated that more of today's parents are expressing just how overwhelmed and powerless they feel when dealing with the misbehaviors their children display. Although most parents want what is best for their children, they are sometimes prevented from firmly taking charge of their children because they have not learned effective ways to discipline in a consistent manner. This inability to influence the behavior of students has also been expressed within the school system. It has been difficult for parents and school personnel to always work together in an attempt to assist a student in improving his or her behavior. Too often, valuable time is wasted with parents and school personnel blaming one another without really seeking to find an effective way to help the student.

Canter (1982) indicates that it is necessary to develop a systematic plan of action in order to change a child's behavior. It is important for parents to become more assertive and willing to discipline their child. The more prepared a parent is, the easier it will be for him or her to respond to the child's misbehavior in a consistently assertive manner. This indicates a need for the plan of action to be written out in detail so that each person understands his or her respective responsibilities and has a planned response. It should be noted that a planned response and responsibility for self are fundamental parts of this particular management program.

When the point is reached with the child where discipline is needed, the teacher and parent are often so frustrated and overwhelmed that they may overreact or they may be at a loss as to what to do next. If the plan of action is written out and available for reference, the response can be less emotional and therefore more effective. It also puts responsibility for the behavior where it belongs — on the student. The student is responsible for his or her own choices and the team is simply implementing what has been agreed upon. Cater (1982) notes that all children have the right to have adults who care enough about them to set firm, consistent limits so the child will not get out of hand. Discipline is a corrective action designed to help teach children to make responsible choices for themselves when they become adults.

The use of a logical consequence approach advocates that parents allow their children to suffer the natural consequences that result from misbehavior (1982). Parents need to realize that there is no absolute right or wrong. Children come into this world with no instruction manual, and parents have to assemble them on their own. It is truly "on-the-job training". Parents have the right and responsibility to determine the rules their children must follow, but they must be willing to put in the time and effort required to enforce the consequences for failing to follow those rules.

It is important that the School Social Worker or some other person enable and empower the parents to follow through with their parenting role. Dobson (1987) notes that it is very difficult to understand the depression and apprehension that can accompany the rearing of a difficult child unless one has been through it.

Parents must realize that it is necessary to take action (rather than to just threaten to take action) when it comes to implementing their verbal requests. The consequences must be something that the student does not like, but that are not physically or psychologically harmful. Contrary to what the student may indicate, not being with friends does not constitute psychological harm.

Therefore, a contractual Home-Based Management Program (Appendix 1) was developed along with a Progress Report Form (Appendix 2) which the student takes to the teachers each week. The student's performance will determine the privileges which he or she will have for the following week.

PROCEDURE

This procedure is a general approach and may not cover every eventuality since each situation is unique. This is not designed as a "cure-all", but simply as another tool to be used under certain conditions. It is necessary to rule out concerns about psychological, drug or alcohol problems. If any of these problems are found, they will need to be addressed before implementing this program. When it appears that a Home-Based Management Program may be appropriate, it is first necessary to determine appropriate expectations for the individual student. This can be determined by interviewing the student, teachers and parents as well as by reviewing the student's records for information regarding his or her educational history including performance on academic achievement tests and any other relevant information. A determination needs to be made whether or not curriculum modifications will be needed for the student to maintain a "C" or "D" grade average. An average of "C" or better is preferable as a goal.

A conference should be scheduled to discuss the Management Program with the referring teacher(s) and the parent(s) once the team has determined that their expectations for the student are realistic. Since the implementation of the Home-Based Management Program is a determination that the parent(s) will need to make, the student may or may not be involved in this initial conference. It is important to meet with all significant adults in the student's home to ascertain their willingness and/or ability to follow through with the Management Program. If any of the adults involved are unwilling or unable to invest themselves in the program, there is no point in proceeding further without major adjustments. If the parents are willing to invest themselves, but feel that they lack the skills, the school social worker needs to be available to help the parents develop a plan of action to empower them to follow through with the Management Program. It is necessary to prepare the parents for some frustrating times. The first six to eight weeks tend to be the most critical and difficult time for parents since students will often challenge their parents' authority. Usually the child's behavior becomes worse before it improves, and parents need to be able to stand firm. Support and team work are essential. It is important to emphasize to parents that, although they are not responsible for their child's behavior, they are responsible for establishing expectations and enforcing discipline in a consistent manner when their child violates the rules which have been established. Under no circumstances are parents to argue with their child. They are to approach the discipline in a business-like, matter-of-fact, and nonhostile manner, emphasizing that the student has made his or her own choice and is responsible for that choice. It is imperative that parents remain calm and persistent in making their requests known rather than being diverted or manipulated by their children. If parents are supportive and willing to try the Management Program and it has been determined that expectations are reasonable and appropriate, the next step is to meet with the parent(s), teachers and the child to discuss the program in detail if the child has not yet been involved in the planning process. It is not necessary that the student like the program, but it is essential that the student understand it.

At this meeting, a contract is presented which specifies each team member's individual responsibilities. The student and every member of the Management Team must sign the contract, indicating their commitment to and understanding of the Management Program. Each member of the Management Program Team should receive their own individual copy of the contract to use as a reference if any questions arise.

When the Management Program is to be implemented, the student must be evaluated based only on his or her current behavior and performance. The student absolutely must not be penalized for problems which arose before the contract went into effect. For at least the first 4 weeks it is important that an identified person (such as the special education teacher or the guidance counselor) follow up with each of the classroom teachers, at least on a weekly basis, to deal with questions or problems that may have arisen. It is also necessary that the teachers understand that the student's behavior may become worse before it improves, and that it may take several weeks before significant progress becomes apparent. Frequent follow-up contacts with parents are also extremely important and should occur at least weekly for the first six to eight weeks. In some situations, parents will need a great deal of support in the initial stages of implementing the program and contact may have to be made on more frequent basis, even daily in some cases.

The Progress Report Form is to be given to the teacher by the student only on Friday, or the last day of the school week, and should take no longer than a minute to complete. Teachers often feel overwhelmed by everything they are required to do, and it is important to be sensitive to their lack of time. Usually, the less time it takes, the more likely the teachers are to complete the Progress Report Form. They need to know that their role is important and that the plan may save them time as the student's performance improves.

The Progress Report Form is flexible and may also be used to gather baseline data to help determine the type and frequency of behaviors that interfere with the student's success in school. Information from the Progress Report Form may be used to chart the student's progress for the teachers, parents, and the student. It may also be used in a school-based management plan if a home-school management program is not necessary or feasible.

It may be appropriate to provide counseling to the student to help him or her cope with and understand the changes taking place in his or her life. Students tend to be very insightful and understand much more than we usually give them credit for understanding. Some students are relieved that someone cares enough to make them accountable for their own behavior. Some students readily involve themselves in the program and are successful from the start. Others will start out cooperatively and then resist the program at a later time. Still others will resist the program from the start. If the student is not invested in the Management Program, it may be because there is a lack of consistency or some other intervening variable has not been identified. It usually takes at least six to eight weeks to gain a sense of how well the Management Program is going to work.

If the program is successful, it is suggested that the Management Program be used for at least one school year in order to give the student time to internalize the desired behaviors. It is important to recognize the student's progress and efforts, but it is best not to provide additional rewards. If there is no significant improvement after using the program for six to eight weeks, the Management Program Team needs to reconvene to determine whether the program can be modified to become more effective or if another intervention should be developed.

CONCLUSION

Communication and team work are essential ingredients if a program such as the one described is going to be effective. If parents, teachers, support staff, and student all realize the importance of their respective roles, then the Management Program has an improved chance of succeeding. Realizing that situations vary and are not always ideal, one must recognize that problems will arise which need to be addressed. Parents may not follow through at home, or a teacher may not take the time to rate the student accurately. However, establishing a written behavioral management system and identifying consequences that are meaningful to the student increase his or her chance for success.

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ABOUT THE AUTHOR

Gary L. Welch, ACSW, LSW, has been a School Social Worker for Heartland Area Education Agency II for the past twelve years.

APPENDIX 1

SCHOOL SOCIAL WORK SERVICES

CONTRACTUAL WEEKLY HOME-BASED MANAGEMENT PROGRAM

STUDENT:__________B/D____CA____SEX___GRADE___SCHOOL_________

Parent:______________________________ Address:________________

Phone: Home_______________ W-F_______________ W-M_____________

Service Provided by:_______________ Date Service Started:_______________

This contract is designed to address three major areas of concern regarding student performance. The student is expected to (1) pass the classes with a grade of ______ or better; (2) have all assignments completed in an acceptable manner; and (3) demonstrate appropriate behavior in the classroom when compared to the other students in the class.

PARTICIPANTS' RESPONSIBILITIES

STUDENT'S RESPONSIBILITY:

(1) It is the student's responsibility to take the weekly "Progress Report" sheet and obtain a YES or NO rating and a signature from each classroom teacher every Friday or on the last school day of the week.

(2) The student is to arrange a convenient time with the teacher to obtain the rating and signature.

(3) The student is responsible for making sure a supply of "Progress Report" sheets are available and asking for additional copies if the supply is low.

(4) The student is to take the weekly "Progress Report" home on the last school day of the week and show it to the parent(s) upon their arrival home.

(5) If the student is unclear as to what behavior resulted in a NO rating, the student may ask the teacher, in an appropriate manner, to explain the reason for the NO rating.

(6) Under no circumstances is the student allowed to argue or negotiate with the teacher.

(7) If the regular teacher is absent on the last school day of the week then the student must obtain a signature written in ink from a designated person, such as: school counselor, special education teacher or principal indicating that the teacher was absent.

PARENTS' RESPONSIBILITY:

(1) No excuses are accepted if the student fails to bring home the "Progress Report" or fails to obtain a rating and/or signature from one or more of the teachers.

(2) If for any reason the weekly "Progress Report" is not shown to the parent, then all privileges, such as: television, phone calls, visiting with friends, stereo, radio, video games, staying up late, going outside to play, skate boarding, dances, movies, parties, special events, etc., are automatically removed by the parents until the "Progress Report" is brought home with acceptable ratings.

(3) A rating without a signature or a signature without a rating, both count as a NO rating.

(4) If the student receives one NO rating per week in different classes, then the student is not disciplined, and retains all normal privileges.

(5) If the student receives a NO rating from the same class two weeks in a row, then the parents will remove all privileges for at least seven (7) consecutive days or until this rating becomes a YES.

(6) If the student receives two or more NO ratings in the same week in different classes then all privileges will be removed until those ratings become a YES.

(7) If those NO ratings become a YES rating on the next weekly report then all privileges will be reinstated unless the student has two new NO ratings.

(8) If one or both of the NO ratings remain on the next "Progress Report" as NO ratings, then removal of all privileges will continue until they are rated as a YES.

(9) Under no circumstances is the parent to allow the student to argue or make excuses, but will approach it in a matter-of-fact business-like manner with little or no discussion.

(10) The parent must realize that the student has made his/her own choice, for which the student must assume full responsibility.

(11) The parent understands it is necessary to remove all privileges with no exceptions and is responsible for implementing the consequences based on the student's behavior on the "Progress Report".

(12) When the student makes progress it is to be recognized by the parents, but not necessarily rewarded.

SCHOOL'S RESPONSIBILITY:

(1) An adequate supply of the "Progress Report" forms will be provided at a consistent, convenient location for the student.

(2) The teacher is responsible for rating the student accurately and consistently on a weekly basis in the three identified areas.

(3) If the rating is YES then the teacher is to circle only a YES and sign the report.

(4) If the rating is a NO then the teacher must circle the NO and must also circle the number(s) following the NO rating indicating which one or more behaviors were unacceptable.

(5) Those numbers not circled are considered to be satisfactory.

(6) If a teacher is absent on the last school day of the week, then the school must designate a person to sign in ink the "Progress Report" form and make the student aware of who has been designated.

(7) A substitute teacher is not to sign the "Progress Report" form unless he/she is a long-term substitute and has a clear and complete understanding of the Home-Based Management Program.

(8) If the teacher is absent and an appropriate signature is obtained, then the rating is considered a YES for that week and must be circled YES by that designated person.

(9) The teacher may make comments at the bottom of the "Progress Report" form.

We have read, understood and agree to the above Home-Based Management Program. We understand that it is imperative that each person (student, parent(s), and school) fulfill their individual responsibilities for this Home-Based Management Program to be effective.

We have read the above responsibilities and understand the consequences of the student not: (1) passing a class with a ______ grade or better; (2) having all assignments completed in an acceptable manner; and (3) demonstrating appropriate behavior in the classroom when compared to the other students in the class.

______________________	______________________
Student	Father
______________________	______________________
School Social Worker	Mother
______________________	______________________
Special Education Teacher	School Counselor
______________________	______________________
Teacher	Teacher
______________________	______________________
Teacher	Teacher
______________________	______________________
Teacher	Teacher
______________________	______________________
Teacher	Teacher

IJSSW, December 1990

APPENDIX 2

PROGRESS REPORT

Student:________________________ Grade:_____ Week Ending:____________

Responsibility of the teacher: The student will bring this "Progress Report" form to you on Friday or the last school day of the week. Please take the time to respond accurately and consistently to the "Progress Report" form since your information is imperative to the effectiveness of this Home-Based Management Program. If the student has completed all three areas to your satisfaction for this week, please circle only YES and sign in ink. **DO NOT CIRCLE ANY NUMBERS.** If the student has not completed all three areas to your satisfaction for this week, please circle NO and then you **must circle one or more number(s)** corresponding with the area(s) that the student has not completed to your satisfaction and sign in ink. Please feel free to make comments at the bottom of this report about any information you feel is significant.

REPORT OF PROGRESS: For this current week, the student is:

(1) Passing my class with a grade of ______ or better
(2) Completing assignments in an acceptable manner
(3) Demonstrating appropriate behavior in the classroom when compared to the other students in the class.

SUBJECT:	TEACHER:	RATING		SIGNATURE
		YES	NO 123	
		YES	NO 123	
		YES	NO 123	
		YES	NO 123	
		YES	NO 123	
		YES	NO 123	
		YES	NO 123	
		YES	NO 123	

COMMENTS:

ENHANCING BEHAVIOR CHANGE OF SELF-CONTAINED BEHAVIOR DISORDERED STUDENTS THROUGH VIDEOTAPED FEEDBACK

Chuck Brown and Shelley Ackermann

Eight students from an urban elementary self-contained classroom participated in a videotape project designed to assist students in focusing on their own behavior and the effects of their behavior on others. Each student re-enacted a previously experienced conflicutual situation and critiqued their own behaviors. The students were able to find positive solutions to their conflicts after reviewing the tapes. Parents who participated in a post-trial discussion believed that the use of videotaping could assist the children in seeing a variety of positive resolutions to conflict.

Problems in interpersonal relationships are very common among behavior disordered students. Social skills may be a prerequisite to both academic and relational success. Accidental and intentional social errors are teaching opportunities that should not be ignored. Feedback regarding the error must be provided along with an opportunity to learn and practice the appropriate skill if the error is to be corrected (Down & Black 1987).

Eight behavior disordered students in an urban elementary self-contained classroom participated in a videotape project as part of their social skills training. Through videotaped role-play activities, the students were able to observe and critique their own and their classmates' behavior. This project was designed as a means to provide students with an insight into their own behavior and the effects of their behavior on others. Hopefully this insight and the ensuing critique and discussion would lead to more positive conflict resolution and behavior changes.

Videotape recording of people involved in various activities may have a positive impact on behavior when used as part of a treatment method. Yalom (1985) believes that videotaping has considerable potential benefit for the teaching, practice, and understanding of group therapy. The therapy search is for methods to encourage self-observation and to make the self-reflective aspect of the here-and-now as salient as the experiencing aspect. Research on either positive or negative aspects and effects of videotape use in therapy is noticeably absent.

Reality replay appears to be an effective nonjudgemental method of helping children see how they appear to others. A videotape captures the authenticity of the moment, thereby providing the opportunity for an on-the-spot reality message (Raschke, Dedrick, & Takes 1985). Interactions with others are based on our own perceptions of the truth, not necessarily on the truth.

METHOD

Subjects

The project was conducted in an urban elementary self-contained behavior disorder program. All eight children in the classroom agreed to participate. The seven males and one female were between the first and sixth grades. All the children were Caucasian and were raised in the Midwest. Written consent was received by all of the parents for their children to participate in the project, and all parents agreed to attend a parent meeting to view and discuss the finished tape.

Project Design

The children were initially videotaped several times during their regular classroom activities to help them become comfortable with the video equipment. This occurred on three separate occasions.

Each child was consulted for ideas in setting up their own role play. The role play was selected based on a conflictual situation the student had recently experienced with a peer or teacher. The student was then asked to re-enact the situation with the peer or teacher for the camera with one change: roles were reversed. The two people involved in the conflict had to act out the role of the other. They were encouraged to reenact the situation as accurately as they could remember the behavior of the other person. After their role play was recorded, it was immediately played back for the entire class to observe.

The children were asked to critique their own and their classmate's behavior in the role play. They were to suggest possible behavior options they could have used in eliminating the conflict. The children were also videotaped while critiquing each role play. This procedure was then repeated for each child. There were two exceptions in which children wanted to play out their own behavior. One involved a recent conflict with a teacher and the other a problem with an older brother.

After the completion of the taping process, the parents of the children were invited to an evening school meeting to view and discuss the tape. All of the children gave permission at the beginning of the project to have their parents view the tape upon completion. The intent of the parent meeting was not only to let the parents see the results of the project but also to generate discussion of any behavioral concerns they might have with their children at home. The group could discuss possible solutions to those concerns. Another potential outcome from the parent meeting was to hopefully establish relationships among the parents that could result in on-going support of each other.

DISCUSSION

All students participated willingly with the project. Comments were received about the fun they had doing the role plays on videotape. They often were able to objectively comment on their behavior and appeared to have some insight into their own and others' behaviors. At times they disagreed with the other student's portrayal of their behavior in the role play. During the discussion times the students seemed sincere in their desire to improve future behavior. Both the students involved in the role plays and those observing found positive solutions to their conflicts.

Parents of four of the eight children in the class participated in the parent meeting. They all felt that the portrayals accurately reflected their children's behavior. They were interested in the children's insight into their behaviors and their comments for alternative solutions to the conflicts. One of the parents felt that some of the solutions proposed by the children could be applied at home around conflict resolution with siblings.

The overall sentiment was that videotaping children in conflictual situations could have a positive effect on their behavior by increasing their ability to see a variety of resolutions to conflict.

Limitations

This project was subject to many limitations. The primary limiting factor was time. Due to time constraints, pre- and post-tests were not conducted. Data obtained from these tests would have allowed for more accurate measurements of change.

A second limitation included uncontrollable factors within the school system. Many times students were absent for other activities; therefore, they were unable to participate in the group. We also lacked a control group for comparison since this was the only self-contained behavior disorder elementary classroom in the district. Staff and student changes also did not allow for continued monitoring of change.

A third limitation arose from the fact that research on this subject is extremely sparse. No similar projects were found for comparison or to assist in the structuring of this endeavor.

CONCLUSION

This project was designed to offer an opportunity for the students to observe their behavior and eliminate possible misconceptions about their interactions with others. It is hoped that knowledge they acquired about their behavior will not be contained to the project, but instead be applied successfully to future conflicts.

Future attempts to use videotaping as a mechanism of change should address some of the limitations mentioned above. The use of baselines would improve the quality of information gathered. Following the same class or classroom over time would show if the effects of videotape feedback provided long-term behavior change. With refinement, this intervention could prove to be beneficial in promoting positive behavior change in a variety of settings.

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ABOUT THE AUTHORS

Chuck Brown, LSW, is a school social worker for AEA-II, Johnston, Iowa. He received his MSW degree from the University of Iowa in 1978.

Shelley Ackermann completed her MSW practicum at AEA-II under the supervision of Chuck Brown. She received her MSW degree from the University of Iowa in spring, 1990, and is a medical social worker for Iowa Methodist Medical Center in Des Moines.

BOOK AND FILM REVIEWS

Bradshaw On: The Family. A Revolutionary Way of Self-Discovery by John Bradshaw. Health Communications, Inc., Deerfield Beach, Florida, 1988; 242 pp. $9.95 paperback.

School social workers in the 1990s will face the constant task of assisting families and working to enhance family functioning. John Bradshaw's book is an elaboration on his television series entitled "Bradshaw On: The Family". Bradshaw's book reinforced my belief that we must use the family system's approach in our work with families and was the most powerful, personal self-discovery book I have read since The Road Less Traveled by Scott Peck.

The author clearly and concisely describes a profile of a functional family system and a dysfunctional family system. He then further elaborates with chapters on the alcoholic family, physical or sexual abusing family, the emotional abusing family and co-dependency. His last three chapters are devoted to "Recovering Your Disabled Will", "Uncovering Your Lost Self", and "Discovering Your True Self".

Jon Fisher, MSW, ACSW
School Social Worker
AEA 2

Coping with Depression. A Don MacDonald film. Film Fair Communications, 10621 Magnolia Blvd., North Hollywood, CA 91601. Tel (818) 985-0244; FAX (818) 980-8492. Color 20 min. 1987. Rental $45

This is a great introductory film to the problem of depression for use by school social workers who may be facilitating groups in the upper elementary or junior/senior high schools. The film explores the vast and real causes of depression and shows several life situations and what each person does to cope with his/her depression. Through this film students can gain awareness of how to cope and can empower them to change their own emotional situations.

Jon Fisher, MSW, ACSW
School Social Worker
AEA 2

It's Not Always Happy at My House. M.T.I. Film and Video Distributed by Coronet/M.T.I. Film and Video; 108 Wilmot Road, Deerfield, IL 60015. 1987; 34 min. Color; P.I.Jr.H.H.S.C.&A.

This is an excellent film for groups of all ages about domestic violence, spouse abuse and child abuse and the effects they have on all family members. The film depicts the shame, fear, and guilt that keep spouses and the children in these families from receiving the assistance they need. It also cuts through the barriers of isolation and secrecy to help children of domestic violence understand the feelings they experience as a result of witnessing or being a victim of abuse. A teacher's guide is provided with detailed discussion questions for each scene, designed to help students confront situations in their own families.

Jon Fisher, MSW, ACSW
School Social Worker
AEA 2

LETTERS TO THE EDITOR

I recently had the privilege of reviewing an article for inclusion in THE JOURNAL. "Traumatic Event Response: A Personal Perspective" by James P. Clark, for me, stands on it's own merit. I generally believe that an effective article should present a position, encourage a reader to "research" the information presented, draw conclusions, be emotionally committed, and moved to action.

Well, the article almost brought me to tears so it triggered the motive force that presages action. I called Jim and asked for written materials re Traumatic Event Response Teams (TERTS), and will present a proposition to form such a team, or teams, to both the Socs and Psychs. So, you see, the article not only met my criteria but probably even has hypostatizing qualities.

I believe THE JOURNAL should illustrate the movement of Iowa School Social Workers toward the science end of the spectrum as opposed to the "I feel good ergo good things must be happening" end. Of course, we mustn't forget the humanity that is unique to social workers and their services.

So...because of all the above, much more than was probably needed for the review, I heartily recommend this article for publication in THE JOURNAL.

John D. Montgomery, Ph.D., N.C.S.P., Supervisor
Social Work, Psychology, & Consultant Services
AEA 6

KUDOS to you, the editorial staff, and all who contribute to the Iowa Journal of School Social Work for providing much needed stimuli for social workers who have chosen the educational arena as their focus of practice.

Featured articles, book/film reviews, and supportive research data published in The Journal reflect an overdue movement from the traditional tunnel-vision approach that for far too many years has affected the role of social workers in the school environment. When considering the thrust of Neighborhood Schools, Site-based Management concepts, and Renewed Service Delivery Systems, the need for educating and demonstrating to educators the unique contribution school social workers bring to the system is very timely. The broad and reality-based perspectives of our practice that are so well documented in The Journal is appreciated, as well as the organizational structure that makes each issue meaningful and practical for practitioners. An example of this is the June, 1990 issue which featured articles on the assessment and treatment of Attention-deficit Hyperactivity Disorder along with a complementary Annotated Bibliography and book review related to the same subject.

The thinking, planning, and coordinated efforts of the editorial staff are indicative of the skills you employ in bring to us a comprehensive approach to academic, behavioral, and social issues that impact the learning and skills development of students and families. Not only does The Journal broaden the horizons of school social work, it also provides a viable vehicle for enhancing our image and promoting new initiatives for school social workers.

We need only to reflect on the components of renewed delivery systems that are being piloted in many schools and recognize "our state of empowerment" for the success of these programs. We may not always be able to direct the winds, but we can adjust our sails and become affectively involved in the restructuring of education and services to all students. Whether one is involved with collaborative consultation, functional assessments, systematic interventions, or strategic planning with other disciplines, our unique orientation to basic human needs and the "person-problem-situation" configuration becomes of great significance and an invaluable tool in the diagnostic assessment and planning process.

Thus, the challenge is before us, and The Journal reinforces all the positive elements of our practice. Keep up the good work!

Leahgreta L. Spears, ACSW, LSW
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Des Moines Public Schools

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NOVEMBER, 1991

VOL. 5, NO. 2

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Manuscript
Editor
Ronda Parks Armstrong, L.S.W.
IJSSW
Box 4852
Des Moines, IA 50306

Book & Film
Review Editor
Jon Fisher, ACSW
AEA 2
P.O. Box M
Clear Lake, IA 50428

Managing
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Marlys Parcell Jordan, M.S.W.
IJSSW
Box 4852
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SUBSCRIPTIONS

The subscription rate is $10.00 for individuals and $16.00 for libraries. Advertising inquiries, subscription inquiries, and changes of address should be mailed to: Iowa Journal of School Social Work, Box 5, Grinnell, Iowa 50112.

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EDITORIAL COMMENTS

This issue of Iowa Journal of School Social work is an important one. I am pleased and very excited to announce that the Journal is in its fifth year of publication. The Journal began as a dream in 1983 when a group of dedicated school social workers worked diligently volunteering countless hours to lay the necessary groundwork. Several plans for publication were discussed and refined during many meetings which resulted in a method of action. The Journal was prepared to help motivate school social workers, access and disseminate information, as well as promote professional growth. It has also encouraged the development of writing and publication skills and served as a means of recording the historical development of the profession. The Iowa Journal of School Social Work is a unique endeavor since there are limited publications of this nature. Today, school social workers are faced with many complex problems. If you are like most professionals, you are concerned about keeping pace with what is going on in the field. Think about it. Where else could you find such a useful resource to help you work with students and families? The benefits of the Journal are significant. It provides an opportunity to improve practice and helps provide leadership to address individual needs. How often have you leafed through a copy and a bit of text catches your eye and sparks your imagination?

As you are probably aware, everyone involved in the preparation of the Journal is a volunteer. Reflected in that spirit is a high commitment to provide a central knowledge base and make school social work a more viable profession. The Journal also has the potential to attract other social workers to the specialty. In an attempt to share the Journal responsibilities with others and expand our horizons, new editors will assume leadership this fall. The transition to these new editors is currently underway. Official duties begin fall '91. Welcome aboard to Sara Andreasen and Mary Bouillion who will assume the Manuscript and Managing Editor roles. The new address for the Journal, effective September 1991, is: IJSSW, Box 5, Grinnell, Iowa 50112. Also another welcome to Robert Leach, Book and Film Review Editor, RR #1, Box 102, Charles City, Iowa, 50616. I urge those of you who have not yet joined the others in this worthwhile project to volunteer your time and set an example by assisting as a liaison or editor, becoming a member of the editorial board, or by writing viewpoints, practice innovations, book and film reviews, and articles. The Journal is a result of the efforts of many people. As outgoing Editors, Ronda Parks Armstrong and I would like to extend our thanks to all of you who over the years have assisted and cooperated in this project and made this publication possible. With the best intent for the years ahead - Thank You!

Marlys Parcell Jordan
Managing Editor

Editor's Note: Letters to the Editor are welcomed. Send to Letters, IJSSW, Box 5, Grinnell, Iowa 50112.

SOCIO-EMOTIONAL ORIENTATION OF TRANSFER STUDENTS:

A PRIMARY PREVENTION PROJECT

Carolyn B. Pryor

Students who transfer into a school are under stress in this time of transition. Previous research has concluded that they are at high risk of becoming substance abusers. Several projects directed at meeting the needs of relocating students are reviewed.

A project to integrate students transferring from other secondary schools illustrates the impact of a school social worker on the entire school and community. Interviews with new students, a questionnaire, and clinical data show how the project integrated students into positive roles and provided benefits for the school. The steps involved in its implementation could apply to other system-wide change efforts.

Stress, grief and loss, coping with family change, and absence of previous supports are among the adjustments adolescents who move from one community to another must face. This combination of pressures makes this population especially vulnerable for developing such problems as suicidal tendencies, depression, substance abuse, and running away. At the same time, this stress and transition gives students the opportunity for a new beginning and a better adjustment. Indeed research on the effects of mobility on academic achievement and school attendance have been contradictory (Felner, Primavera & Cauce, 1981).

Geographic mobility is commonplace today. In 1980-81, the U.S. Bureau of the Census (1983) estimated about eight million children between the ages of five and eighteen moved to a new commuity and transferred to a new school. For some relocating families the move is a concomitant of the parent's progressing career. For others it reflects a divorce, remarriage, job loss, eviction, or change in custody due to family conflict. Whether or not young people feel positive about the move, the situation makes many transfer students vulnerable to stress-related problems.

Social workers have long recognized the importance of aiding vulnerable populations at times of transition as a means of prevention (Allen-Meares, Washington and Welsh, 1986, pp. 243-44). Moving is a transition that can be particularly stressful to children and adolescents. Recent research on adolescent drug use indicates that students who are moving to a new community are at risk for becoming drug abusers. Hawkins and others (1986) found that strong bonds to family and school decrease the likelihood of involvement with drug-using and delinquent peers. As this involvement is one of the strongest predictors of adolescent drug use, programs which help students build bonds to their new school and develop friendships with the non-users can be expected to have positive preventive effects.

LITERATURE REVIEW

Primary prevention has been used in the literature to describe programs which (1) enhance the capacity of individuals to withstand stress and build competency and (2) alter environments, whether institutional, familial, or communal. Schools have been identified as "high-impact" environments (Cowen, 1977) where a variety of primary prevention programs can be implemented without stigmatizing the child (Reinherz, 1982, p. 446). A number of programs targeting this population have been reported in the literature.

Blair, Marchant, and Medway (1984) describe some successful programs for aiding mobile children and families: 1) The Summer Visitation Program developed by Keats et al., in which the counselor visited the home of new families who contacted the school; teams of new students were formed; the families met with the principal and were given a tour of the school; and a community activity for new residents, members of the school administration, and members of the business community was held. 2) Operation SAIL, in which the orientation program focused on parents; children who needed remedial help were identified and placed in special learning centers one period a day. 3) One week structured orientation programs led by the school counselor using student "buddies," 4) Elementary school small counseling groups for students who are going to move, and 5) Blair et al.'s education groups for parents of highly mobile elementary school children. The authors point out that mobility programs should be adapted to the developmental needs of the age group targeted, but can be important prevention services.

Ongoing support groups for relocated students, such as described by Strother and Harvill (1986), appear to be coming a part of the group work services provided by the counseling staff in many schools. There are also several examples in the literature of orientation programs for students which take into consideration their socio-emotional needs. An orientation project described by Scott (1984) utilized a select student committee which started planning a series of activities in the spring to welcome new students. Scott concludes that the experience "provides unparalleled opportunities for members of the Committee to develop leadership skills" and the socialization that takes place "unifies everyone in the school".

A classroom program for helping new junior high school students cope with the everyday stresses of that transition has been described by Snow, Gilchrist, Schilling, Schinke and Kelso (1986). They developed a curriculum for a transition training program which the social worker could present, along with elementary school teachers, to classroom groups. They found the initial response to be positive. Students enjoyed the training and their anxiety was reduced. The authors point out that actual implementation of such a program in a school district is no easy task, and that long-term gains from such training need to be evaluated.

Felner, Ginter and Primavera (1982) evaluated the Transition Project which was designed to increase levels of peer and teacher support during the transition to high school. This program, which utilized home room teachers as the link to the school, enhanced personal and academic adjustment of participants, as compared to controls.

The literature on peer helping programs points to student orientation programs as an effective way trained students can help others. In a study of a high school peer counseling program, Blain and Brusko (1985) found the most successful uses of peer counselors were working with transfer students, orienting junior high students and working with students referred by staff. Lynn (1986) also has described assistance with orientation as an important task of high school peer counselors.

Jones and Donovan (1986) implemented a social work treatment program directed toward helping "nontraditional" college students become successfully integrated into college life. Although this program took place in a higher education setting, its focus on the needs of a special new student group and its evaluation design provide a model that could be employed at other levels.

As educational leaders give stronger emphasis to prevention, services to children at-risk, organizational change, and community participation, social workers will likely be increasingly involved in programs for students in transition. The literature reviewed strongly supports the importance and effectiveness of services offered to students who are moving to a new school.

A PRACTICE EXAMPLE

In a school district of 900 students, in a semirural southeastern Michigan community, where run-down resort housing attracts and retains low income white families in addition to middle class and farm families, the need for social work services is great. The Friendship Project which the author developed there involved the school and the community in implementing a project which consisted of three parts: 1) a buddy system for new students 2) a welcoming picnic, and 3) follow-up small group meetings with school support staff. While from one perspective this was a fairly simple project which could easily be duplicated in other schools, its development over a three-year time span illustrates the complex steps involved in executing a successful school-wide prevention program. (These overlap with steps in designing school social work services listed by Allen-Meares, Washington, and Welsh, 1986, p.214-22).

1. Gaining an accepted and trusted position in the system. When the school social worker was hired in 1978, the superintendent specifically admonished her not to "upset any apple carts." She went along with primarily performing a role of direct service to individuals and small groups, while building the trust of the school and community. Her involvement in new student orientation stemmed from trying to help a student in

a treatment group who was devastated by being the continual target of racial slurs.

2. Getting administrative approval. The new high school principal came to one of the treatment group meetings in the spring of 1985 to discuss the student's feeling that the school was doing nothing about the verbal attacks and she would be better off dropping out or moving to a different community. The principal proposed that the student return the next year and start a Human Relations Committee in the school. The next fall the school social worker obtained the principal's support for undertaking the development of the Human Relations Committee as her professional growth project for the school year.

3. Developing a leadership and support group of concerned persons. The principal helped recruit students, staff, and community members to serve on the Human Relations Committee. Outside resource persons were brought in and the committee set it's goal—helping students understand, appreciate and accept persons from other racial and cultural groups. Together they went to the school board and received their endorsement.

4. Involving all system members in problem identification. The first project the Human Relations Committee undertook was a district-wide celebration of Martin Luther King's birthday. Part of this included classroom discussion of the effects of prejudice on students in the school. The relationship difficulties students experience when they move into the community were identified as a problem that students felt more prepared to deal with than racial prejudice. The Human Relations Committee targeted this as something they could work to change.

5. Organizing and encouraging student involvement in system change. A library aide on the Human Relations Committee volunteered to be the advisor for a Friendship Club in the spring of 1986. Membership was open to anyone who wanted to promote positive relationships in the school. The school social worker took on the role of co-leader. The club organized a buddy system and welcoming activities, which were carried out with moderate success at the beginning of the school year in both 1986 and 1987. It also held occasional social events for younger adolescents throughout the school year. Meanwhile the Human Relations Committee continued to sponsor school-wide events designed to increase understanding of individual differences and encourage caring behavior toward students in psychological pain.

6. Teaching and training students to fill helping roles. As an outcome of Human Relations activities, students, staff and parents saw the need for more support groups and wanted to make the school more responsive to the emotional needs of students. Many volunteered to help, but others were opposed to doing this on school time and with untrained

leaders. The school social worker enlisted the teacher of psychology and sociology to incorporate a Peer Facilitator Training program into those classes, and this went into effect in the 1987-88 school year.

7. Grant seeking and planning. The school social worker undertook the task of applying for a mini-grant through Prevention Network, a project of the National Council on Alcoholism—Michigan, to support the Friendship Project. Although this involved a lot of work for a $500 grant, the formulating, writing, and planning that had to be done to meet the requirements of the application helped with the project design.

8. Networking and linking with other groups and community resources. In the spring of 1988 the Peer Facilitators, the Friendship Club Members, the Substance Abuse Committee, and Students Against Driving Drunk were involved in planning an improved welcoming and orientation program for the following year. Names of buddy volunteers were collected. Students designed a school spirit, anti-drug message T-shirt to be given out to all buddies and new students. Over the summer a letter was sent to local churches, community service and civic groups inviting their participation in a welcoming party for new students. Prevention Network awarded a mini-grant to pay for the shirts and discount coupons for new students to attend an upcoming prevention event.

9. Collaborating with other professionals. A meeting of the counselors, school psychologist, psychology/sociology teacher, librarian, church youth worker and the school social worker was held shortly before school started to coordinate final plans.

10. Executing the action plan. As thirty new students enrolled at school, they were matched with buddies by sex and grade. Staff met with the buddies and new students at a luncheon meeting to answer questions and encourage the buddies to keep up an active role.

The welcoming picnic was held during the second week of school at a nearby recreation area. Local merchants provided food and prizes. The principal and the superintendent came and gave welcoming remarks, and then various recreational activities were overseen by the counselors, school psychologist, community youth leaders and the school social worker. "Goody bags" containing health and drug abuse prevention literature plus coupons and prizes were passed out as students reloaded the bus.

PROJECT EVALUATION — INTERVIEWS AND QUESTIONNAIRE

During the next few weeks the counselors and the school social worker met with new students in groups of three to five, according to age level and sex, to discuss how things were going. They were asked to fill out an anonymous questionnaire on how they felt about moving and how they liked the welcoming activities.

The support staff were impressed at how much the new students already seemed a part of things by the second month of school. Some were involved in clubs and athletics and all seemed to feel they had made new friends. Most of the new students signed up to be buddies in the future.

Twenty-two of the thirty new students (seventy-three percent) filled out questionnaires, asking how they felt about the move and what they thought of the orientation program and the school. Feelings about the move ranged from excited and happy to worried and scared. Eighty-two percent of these students thought the school should have another welcoming picnic. On the item requesting suggestions for improving the school, typical responses were "keep up your good work," "keep things the way they are," and "more picnics." The results of the survey were distributed to staff, and this helped build ongoing support for the project.

PROJECT OUTCOME—CLINICAL DATA

As a result of the orientation project, several students who otherwise would not have been referred until serious problems became apparent utilized social work service. The study of two of these students shows how the Friendship Project served as an early intervention program.

In the second week of school, a ninth grade girl, Sue, told the social worker that her buddy, who had missed the picnic, needed help. Her offbeat dress and make up set her off from the other students, and Sue thought she was going to have trouble fitting in. The social worker set up a meeting for Sue to bring the new girl, Jean, to her office to get a "goody bag" and shirt. Another buddy and new student, Star, also came.

The girls were pleased to hear the social worker had lunch time available to meet with ninth grade girls once a week and they were welcome to come to those meetings. Sue did not come to any more meetings, but Jean and Star began coming regularly with Laura, an emotionally impaired ninth grader who needed help with social skills.

Both new students reported having problems at their previous schools. Jean had run away and was placed in a psychiatric facility for several weeks. She moved in with her older sister from her parents' community because she was told she would be put back in the 8th grade that fall. Star had moved to the community because her mother and stepfather were getting a divorce.

After the first few weeks, Jean talked about wanting to reenter the psychiatric treatment program where she felt safe and secure. Soon, however, she and Star were feeling more at home, as they became involved in several activities, such as the yearbook staff and basketball team.

Star precipitated a crisis by mid fall when an interpersonal conflict at school led to her giving a student a letter, saying she now wanted to kill herself in front of her. This student brought the letter to the social worker and wondered what to do. As a result, meetings were held with Star and her parents, and Star received outside treatment.

In early December, Jean announced that she was going to return to live with her parents. She wore her Friendship Project shirt to school and had her friends and social worker sign it. She planned to meet with the counselor when she enrolled in her previous school and let her know about the positive changes she had made and hoped to continue.

Star felt devastated that her only friend was moving. The social worker brought in more girls for some special winter holiday activities, and a soon strong support group developed. Star and the other girls helped Laura dress and act more like a normal teenager.

BENEFITS OF THE FRIENDSHIP PROJECT

The many ongoing benefits of the Friendship Project are delineated below:

1. Positive Roles for Students with Disabilities. In order to meet the needs of students who have problems building and maintaining satisfactory peer relationships, often changes in the school as a social system have to be made. In the orientation program, students with disabilities can work along side student leaders to learn social skills. The Friendship Club proved an effective support for Laura, who was emotionally impaired. She increased her self-esteem by being a friend to the friendless new students. Helping the girl (certified as learning disabled) who was suffering from racist remarks see that she could make a change in her school also was an appropriate treatment strategy.

2. Prereferral Screening. Often it takes time before support staff learn which transfer students were receiving special services in their previous schools. Records are delayed or missing and parents do not inform the school of previous problems. By establishing a program to work with new students, support staff are in a position to identify students with special needs. These needs can then be brought to the attention of and interpreted to other staff.

3. Prevention. All new students were initially guided into positive friendships and encouraged to participate in school activities. This decreased the likelihood of their involvement with delinquent and drug-abusing subgroups.

4. Early Intervention. By getting to know students early in the school year, those having difficulty coping with the move and adapting to the new school are identified. In the case of Star, the school social worker was promptly informed of her suicide threat, and treatment was immediately available.

5. Ongoing Support. Through small group meetings, the social worker's role can be explained and students can experience first hand the nature of the helping process. Students are then more likely to refer themselves for treatment if the need arises. Some schools provide ongoing support groups for new students as part of their counseling services (Strother and Harvel, 1986). In the author's school district, it was more feasible to integrate new students in with others who were in need of support staff service. The returning students benefitted from empathizing with the new students and showed them that others have gone through similar experiences and have found help through the social work program.

6. Positive Staff Relations. In many respects the school social worker, school psychologist and school counselor have overlapping roles and could perform the same functions in a school (Radin & Welsh, 1984). At times this can lead to unproductive rivalry and competition. The Friendship Project was strengthened by involving all these staff members. This set the tone for cooperative team work for the entire year.

8. Improved Public Relations. The Friendship Project received an honorable mention in 1988 as one of the twelve outstanding mini-grant projects of Prevention Network. The project was funded again by Prevention Network in 1989 and received another state-wide award.

9. Professional Growth. While this type of project does take time and energy, social workers are usually not as burdened at the start of school with responsibilities as the counselors and administrators. They therefore can give new student orientation the careful attention it deserves. Their expertise in identifying and responding to the emotional needs of new students adds an important dimension to orientation that otherwise might be overlooked.

10. Prevention of Burn Out. Working with student leaders in developing such a program provides a refreshing change from the usual work load and gives social workers and other support staff an opportunity to teach helping skills and broaden their range of influence in the school system. Together they can experience helping others as a gratifying and worthwhile endeavor.

CONCLUSIONS

While schools are beset with many demands, the work involved in providing an orientation program for new students appears worth the effort. Further studies of the benefits of orientation programs are needed. In the case described, while meeting the needs of mobile students, needs of the community also were served. Such a project can appropriately be initiated by staff, students or community members, but will be most successful if all levels are involved in the planning and implementation. Social workers in schools or other settings could provide a valuable service to students by initiating such projects or offering to assist with ones that are already in place. For adaptation at an elementary school level, inclusion of families would be feasible and valuable.

With the establishment of national educational goals which include drugfree schools and communities, there is now financial support for programs which reach out to high-risk students and involve parents, community groups, and businesses. Starting with a small scale successful program supported by mini-grants can give staff the base to try for more ambitious projects. The same steps followed in the Friendship Project could lead to a $5,000 or $150,000 grant, through a school-business partnership or utilization of monies available through the Hawkins-Stafford School Improvement Amendments. School social workers will need to develop and utilize community organization and grant-writing skills if they are to "serve as a creative force with educators in promoting experiences and opportunities that enable students to achieve optimum growth" (Welsh, 1982). The school and community then can go beyond extending a warm initial welcome to providing an ongoing educational program that meets students' socio-emotional needs.

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ABOUT THE AUTHOR

Carolyn B. Pryor, Ph.D., is Coordinator of School Social Work Training, Wayne State University, Detroit. She served as the school social worker in Whitmore Lake, Michigan for eleven years. An earlier version of this article was presented at the International School Psychology XIIth Colloquium, August 1989, and published in the Yugoslavian journal, *The School Field: International Journal of Theory and Research in Education.*

GROUP PROCESS AS A MEANS TO ENHANCE PROFESSIONAL AND PERSONAL GROWTH

Meribeth Haynes
Sue Kimpston
Gail McKean
Deborah Reynolds

In June, 1989, nine school social workers from Heartland Area Education Agency (AEA 11) participated in a five-day workshop facilitated by two of the nine members. The purpose was to learn with and from colleagues and to provide support to decrease the isolation of which many of the agency's social workers had complained in a survey the previous summer. The experience greatly exceeded all expectations. Skill enhancement was one end result, but the most significant gains for participants were the relationships formed, the professional identity strengthened, and the self-confidence restored.

During the summer, 1988 the social workers employed by AEA II responded to a discipline needs survey. One significant concern noted by those returning the survey was the need for school social workers to have an opportunity to interact, consult and support each other on an informal basis. The isolation experienced by the social workers was seen as detrimental to the agency, the workers and clients. The structure of the agency has contributed to the sense of isolation. AEA 11 is an intermediate service unit that offers special education, educational services and media services to local school districts. School social workers are employed by the special education division and work in 'core teams' with a special education consultant and a school psychologist. AEA 11 is the largest of the 15 Area Education Agencies in Iowa, serving 20% of the state's total student population. It covers 11 counties in central Iowa.

School social workers saw the need for support from other school social workers methods and techniques with them. The multi-disciplinary team model used by the agency yielded few opportunities for working with other professionally trained social workers. At the time the group described in this article was formed school social workers got together approximately three times per year. While the 1988 survey results indicated that social workers were interested in specific skill instruction from each other, there was only limited interest from social workers to provide such instruction. In the spring 1989 an opportunity was offered to social workers to participate in a five-day workshop funded through Phase III dollars (Phase III funding was appropriated by the state legislature to reward innovative activities by educators outside their regular duties). The group was facilitated by two of the AEA 11 social workers. and met on five consecutive days at the Johnston, Iowa office in June, 1989. The workshop was an opportunity for social workers to learn with and from each other and reduce their sense of isolation. The group was limited to nine members in order to provide an atmosphere where people felt safe to share openly and take risks. Group members were chosen arbitrarily among those indicating interest.

The facilitators were responsible for designing and coordinating the workshop. The actual facilitation was shared among the participants, in effect, a collaborative effort. Essential elements of such a collaborative approach were: cooperation, participant responsibility, group and interdependent learning process, self-examination opportunities, and a nonjudgmental atmosphere. The actual activities of the group were varied. (See Appendix for agenda). Visits were made to resource agencies including a child and adolescent evaluation program, an adolescent behavioral treatment program, a drug/alcohol treatment program and a county juvenile court services office. Sessions included discussions of relevant topics (cults, child abuse, referrals for mental health services, behavioral and substance abuse interventions in the schools) and reviewing some current literature on parenting handicapped children. There was also a dialogue with parents of handicapped children in which they were asked to share their experiences. Another task was the development of recommendations for the agency on ways to provide collaborative learning for all of the AEA 11 social workers during the upcoming school year.

GROUP DYNAMICS

Groups develop and evolve over time. As Shaw (1981) noted, the sequence of the stages of development varies with the variations in group type, atmosphere and goals. In general, he observed that groups have a period of orientation which allows for group members to decide what the group is about, go through a conflict stage during which the authority relations must be resolved or the group dissolves, and a productive state during which the members work toward goal attainment. Not all groups go through all stages, and stages can be repeated.

Anderson and Carter (1978) wrote of similar progressions. They first observed that the group adapts to its environment, then goes beyond adapting. Members develop activities and interactions, which further develop group characteristics and the environment provide feedback that results in further adaptation, resulting in a group influence on member functioning.

In examining group cohesiveness, Shaw (1981) stated "Members of highly cohesive groups are more energetic in group activities, they are less likely to be absent from group meetings, they are happy when the group succeeds and sad when it fails" (p.222). He concluded that those who are attracted to the group want it to succeed and work harder on goal attainment. A high level of cohesiveness yields an increased level of productivity.

THE GROUP EXPERIENCE

The group consisted of nine Heartland Area Education Agency school social workers. Six of the social workers were employed in the main office, while the other three represented three of the branch offices. Two group members designed the class, and served as co-facilitators. Topics were solicited from group members in the weeks preceding the group's formation. Prior to beginning the sessions the remaining members of the group had only limited understanding of what the workshop would entail, and thus brought a variety of pre-conceived notions about what their week's experience might be.

For the purpose of this paper participants were asked to provide a narrative of their impressions of the group experience four months after the workshop. The narratives were consistent with the evaluation form comments made by participants at the conclusion of the workshop. The perceptions of group members about their experiences in the workshop fell into two categories: concrete gains and abstract, or perhaps emotional benefits. When reporting their experiences, some group members addressed both types of benefits while others chose to comment on only one category.

Preconceived Notions

Several of the group members anticipated a mundane experience and planned a passive, minimal-effort approach. One group member feared the atmosphere might be competitive. Another felt the workshop was being viewed by others as a poor use of Phase III funds and that the group's purpose was not legitimate work. Yet positive outcomes were also anticipated. One group member expected a productive experience as a result of the workshop's planned activities. As a newcomer to the agency, another looked forward to a small group experience with coworkers as an opportunity to share concerns and methods. Some expressed a feeling that despite their years with the agency, their coworkers and fellow group members were essentially strangers.

Concrete Gains

Several members reported that they found the site visits to be particulary beneficial. These participants felt it was helpful to see referral sources firsthand and to be given the opportunity to have their questions addressed. Others found the small group discussion with parents of handicapped children to be informative and thought provoking. Several stated that the small group size allowed the opportunity for brainstorming in discussion of concerns and problem resolution. Some expressed appreciation for the opportunity to discuss topics they felt to be pertinent. Members reported that in-depth discussion of such topics was not available through current in-service activities. The week long workshop allowed flexibility and spontaneity in completing group goals.

Abstract Gains

Group members reported a variety of positive benefits from the workshop. Several had observed that members seemed guarded initially, but from the middle of the first morning through the third day the group become increasingly open. As people shared their values in an ice-breaking game, the personal opinions and humor that emerged helped participants see each other as individuals. Risk-taking increased and vulnerabilities were more readily exposed. Some expressed surprise at seeing the vulnerabilities of colleagues who had formerly seemed flawless.

Some participants observed full group participation and a good work ethic evolved as the week progressed, and continued through the last afternoon. Others reported that some members took special care to give everyone the opportunity to be heard. One of the co-facilitators observed that by the end of the week, the entire group was involved in facilitation.

The development of group cohesiveness and a sense of sharing and concern were reported by all group members. These were also the outcomes seen as most striking by group members. Many reported a bond forming among group members and several reported a feeling of getting to know their longtime co-workers for the first time. Some members stated that the small group size allowed a comfort level in which expression of feelings was less threatening. They were drawn together as they discovered many common experiences and work-related problems and as they sought solutions to the problems. The members reported they found the experience of sharing job-related problems and frustrations to be very beneficial. They felt a sense of having their work impressions legitimated by the group experience. Some reported feeling personally reaffirmed by the experience, while others reported not only being reaffirmed as an individual, but also in their roles as social workers with social work's unique code of ethics, training and outlook. Many group members reported that as group bonding strengthened, their involvement in the workshop increased with a resulting increase in the value of the workshop. All group members reported feeling supported by the experience. Only one group member reported a sense of distancing within the group at the end of the week.

CONCLUSION

There was consensus that the workshop results exceeded all expectations. Focusing on what the participants identified as what they needed additional training in, and then providing the training through lengthy, intensive contacts which led to a sense of group cohesion yielded a uniquely successful model. The activities, discussions and visits were valuable for the information shared and skills developed. The most significant gain, however, was in the relationships which developed and the results of the formation of those relationships. Since the experience was so unexpectedly rewarding for people with training as group leaders, it is an impetus to encourage others to take advantage of similar opportunities. With the changes in the roles and responsibilities predicted with the Renewed Service Delivery System, similar workshops can help social workers prepare both by developing new skills and sharing the feelings of apprehension. The Renewed Service Delivery System is designed to improve educational services to special needs students by utilizing a wider range of education professionals and methods than has traditionally been used in special education.

Those involved in this group recognize that the structure of AEA 11 makes some of the concerns dealt with in the group unique to this agency. The size of the area served, the number of workers, and the infrequent contacts between social workers may not be relevant for some of our colleagues. There is however relevance for many since isolation from other school social workers occurs in the rural areas across the state.

The group has changed, with one member leaving, one new person added and less frequent meetings. But the group still exists, and led to the formation of two Phase III groups for the 1989-90 school year. Continuation allows members to stay current on available resources, but more importantly, to stay connected. As one member wrote in her narrative, the workshop resulted in a bonding that will probably never happen again. However members are still friends, still support each other, and still are reaping the gains of that week.

In actuality, all AEA 11 social workers are reaping the gains of this initial collaborative learning project. During the 1989-90 and 1990-91 school years all social workers participated in a Social Work Development Group. These were groups of six members which met for half days several times throughout the school year. These group experiences provided opportunities for general support, peer consultation on cases, and in-depth study on topics chosen by group members. Similar groups are also planned for the 1991-92 school year. The proven usefulness of these groups and their continuation is particularly significant with current role restructuring in AEA 11.

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ABOUT THE AUTHORS

Meribeth Haynes, M.S.W., Sue Kimpston, M.S.W., L.S.W., Gail McKean, M.S.W., and Deborah Reynolds, M.S.W. are school social workers for Heartland Area Education Agency. The following Heartland school social workers and Phase III group participants also contributed: Chuck Brown, Maggie Grace, Don Hall, Marlys Jordan and Gary Welch.

PHASE III SUPPLEMENTAL PROJECT AGENDA

COURSE TITLE:
ENHANCED SERVICES TO PARENTS AND STUDENTS THROUGH COLLABORATION AND SKILL SHARING WITH THE SOCIAL WORK DISCIPLINE

Day One

a.m.
Warm up activity

Review of project goals

Referral for Mental Health Services discussion

Video: Mental Health Referral

Lunch

p.m.
Collaborative Readings: Collaborative Education

School Social Work Collaboration: A cycle for ongoing peer review and support.

Day Two

a.m.
Discussion: Substances abuse intervention in the schools
Substance abuse referral sources

Discussion: Behavioral intervention in the schools
Behavioral (non-psychiatric) referral sources

Lunch

p.m.
On-site visit: Our Primary Purpose in-patient/out-patient

Review of OPP as a substance abuse referral source

On-site visit: NOVA in-patient/out-patient

Review of NOVA as behavioral referral source

Day Three

a.m.
School social work "cycle" collaboration continued

Families in Crisis: Discussion of the Social Service System and the Court System. Problems and frustrations.

p.m.
On-site visit: Polk County Juvenile Court. Scheduled to meet with Director and a Judge or Referee

Lunch

Review of Polk County Juvenile Court as referral source

Discussion: Placement for Behavioral Disability students in 3.6 non-public school settings. Referral.

Home work assignment: Readings "Picking up the Pieces" collection of essays written by parents. Prepared via Parent Educator Project.

Day Four

a.m.
On-site visit: Spectrum 3.6. Behavioral Disability Day School setting. In-patient/out-patient treatment programs.

Review of Spectrum as a referral source

Lunch and discuss "Picking up the Pieces"

p.m.
Discussion: Child abuse

Child Abuse Video: Ritualistic Abuse

School social work "cycle" collaboration continued

Day Five

a.m.
Discussion: Parenting a child who "challenges the system", working with parents, i.e. grief issues, the end of segregated schools, transitioning for parents.

Sharing with parents: Two families with a disabled child will be with us to share their experience and participate in group discussion.

Lunch with parents

p.m.
Complete School Social Work "cycle" of collaboration for dissemination to School Social Work Staff.

Loose ends?

Wrap-up

ENHANCING PROFESSIONAL RELATIONSHIPS WITH FAMILIES OF YOUNG CHILDREN: A PRACTICE CHALLENGE FOR SCHOOL SOCIAL WORKERS

Ronda Parks Armstrong

With the focus on family-centered services in early intervention for infants and toddlers due to Public Law 99-457, more attention is being drawn to the relationships among families and community professionals. School social workers can be leaders in developing or improving positive family-professional relationships. This article first reviews past parent involvement and factors affecting parent and professional perspectives. It concludes with a discussion of six major recommendations for enhancing relationships: 1) Examine current practice, 2) Decrease differences in perspectives, 3) View families as partners, 4) Strengthen team interaction, 5) Reinforce the family's decision-making role and natural support system, and 6) Be an advocate.

School social workers have long recognized the benefits of and have facilitated collaboration among families, educational systems, and community resources for the optimum development of children with special needs. School social workers are knowledgeable and experienced in regard to family and community systems, children with special needs and their families, accessing of resources and interagency coordination, resource development and teamwork. Public Law 99-457, Part H of The Individuals With Disabilities Education Act of 1990, presents early intervention as a current leadership opportunity for school social workers. Recently, Radin (1990) suggested that early intervention is one of the new arenas for school social work practice in the 1990s.

A few states, such as Iowa, have provided services for the birth to two-year old population. It is clear, however, that Public Law 99-457

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brings family-centered, community-based services to the forefront (i.e., see McGonigel, Kaufmann, & Johnson, 1991; McGonigel & Garland, 1988; Krauss, 1990; Nash, 1990). The family-focused goals and services outlined in the legislation represent a gradual shift from child-centered to family-centered approaches (McGonigel et al, 1991; Bailey, 1987). Family-focused early intervention calls for professionals and families to work together in new and better ways. Seligman and Darling (1989) believe that it is only through professional parent partnerships that effective intervention can occur. McGonigel and others (1991) also support this view, noting that family-professional collaboration and partnerships are keys to family-centered early intervention and successful implementation of the process.

Several services and concepts cited in the law necessitate a team process based on collaboration and are particular areas of expertise for school social workers: multidisciplinary assessment, interagency coordination, Individualized Family Service Plan development, and case management. A team approach is critical for early intervention services and family members are valuable and essential participants (McGonigel & Garland, 1988). The family is the ecological context of the child (Bailey & Simeonsson, 1988) and a young child's dependence on his or her family necessitates services within a family context (McGonigel & Garland, 1988).

School social workers, who have specific knowledge and training regarding families, are uniquely positioned among educational and community professionals to promote the family-focused intent of the law and to develop the positive family-professional relationships which underlie the success of the collaborative effort needed. Sometimes, due to eagerness or pressure to complete tasks, the importance of a positive relationship is forgotten. In Relationship - The Heart of Helping People, Perlman (1979) contends that a relationship - or an emotional bond - has enabling and facilitative powers toward problem solving and goal attainment. A good relationship can be the motivating factor for successful task accomplishment. Insuring healthy and productive relationships among families and professionals is potentially the greatest contribution that school social workers can make to early intervention efforts. Without quality relationships, the intent of the legislation will not be realized. The remainder of this article discusses factors that affect family-professional relationships. Also identified are ways that school social workers can enhance the development of positive relationships.

PARENT INVOLVEMENT

To fully understand the current context of family-professional relationships, a brief review of past parent involvement on teams is helpful. Parents have been involved on teams in the past, particularly in relation to Public Law 94-142, The Education for All Handicapped Children Act, but indications are that family participation was not fully realized. According to Nash (1990), reviews of the literature do not suggest an active role. He says that studies show that parents had passive roles and that Individual Education Program (IEP) teams limited family involvement by giving little value to parent input. In practice, active parent participation in the IEP has been uneven (Krauss, 1990). Additionally, McGonigel & Garland (1988) note that although parents were encouraged to be team members, they were often limited to rubber stamping the professionals' recommendations.

It has not been unusual for conflicts to arise among professionals and families. The emergence of parent activism, due to failure of professionals to meet needs of families who have special children, has been documented (Darling, 1979; Darling & Darling, 1982; Seligman & Darling, 1989). An increasing awareness of parent rights and improved and accessible training for parents to be informed and assertive and advocate for their child's needs have enabled parents to be more effectively involved on teams. Healy, Keesee, and Smith (1985) highlight social trends that have strengthened the case of more equal parent involvement. These trends include the Civil Rights movement and consumer advocacy, as well as the growing understanding of the vital role parents play in the development of a young child with special needs.

Prior to Public Law 99-457 emphasizing family-focused services, there was growing recognition of the importance of implementation of family-centered services in some early intervention programs. Currently, Public Law 99-457 makes families not only equal team members, but also the major decision makers. In light of this new collaborative relationship, professionals must examine their current practices and if necessary develop practices that truly reflect partnerships (McGonigel et al, 1991).

PROFESSIONAL AND PARENT PERSPECTIVES

Understanding the perspective of parents and professionals is critical when considering ways to enhance their working relationships. All family members and professionals have their own attitudes, experiences, and expectations that they bring to this new collaborative effort.

Value of Parent Input

Some professionals may not value parental input in the assessment and goal-setting process. All too often, parental concerns and observations are given little weight (Sonnenschein, 1981). Parental expertise may not be given the same level of status as professional expertise. In some situations, parents are seen as a nuisance rather than a resource because professionals may feel that parents are not objective and are distorting information (Seligman & Seligman, 1980).

Radin (1990) says that there is a subtle tendency to view parents who have children with special needs as clients rather than partners with whom decision making is shared. Vincent (1988) describes several professional beliefs that are barriers to viewing parents as a valued resource. These beliefs are: 1) parents do not know what their children can do, 2) parents cannot identify appropriate goals, 3) parents cannot teach their own child, and 4) parents need professionals to solve problems for them.

Differing Viewpoints

Professionals' negative views about individuals with disabilities and their families may be a product of their training (often a clinical perspective) and societal attitudes. Much of the early literature on this topic characterized children with disabilities and their families using a deficits model (Krauss, 1990; Seligman & Darling, 1989; Seligman & Seligman, 1980). Professionals may have had little exposure or training in looking at the strengths of families who have special children and lack insight regarding family life with a handicapped child. Professionals are more likely to predict a negative impact of the handicapped child on the family than are family members (Bailey, 1987). Sonnenschein (1981) reports that although parents may be stressed they frequently exhibit remarkable strengths and the ability to deal with the daily challenges they face.

Professionals who conclude that turmoil signifies family instability reflect a negative and uninformed view (Seligman & Seligman, 1980). Unfortunately, when viewing parents from a pathological point of view, parents may be cast in the role of the victim. With such a perspective, those parents who are unable to cope are viewed as being unable to accept their child (Seligman & Darling, 1989). Such a view is not appropriate or accurate in explaining the many difficulties that parents face, such as the inadequacies of professionals to understand and address family needs. Professionals should not assume that all parents have unhealthy responses or difficulty adjusting to a child with a disability (Seligman & Seligman, 1980). When professionals are not knowledgeable about natural reactions, coping mechanisms, and family needs, they may judge parents too quickly and label them as resistive or negative rather than be open to parent concerns and family priorities. Professionals may express frustration that parents are noncompliant or resistive, i.e., poor meeting attendance or lack of follow through, when in actuality there are differences between parent and professional priorities and lack of agreement on action (Bailey, 1987; Dunst, Leet, & Trivette, 1988). Shopping behavior - that is going from professional to professional seeking additional opinions - may be a result of being treated with little respect or professionals not being perceptive to families' needs (Seligman & Seligman, 1980). Bailey (1987) notes that it is not uncommon for parent testimonies to claim that professionals did not listen or respond to individual family needs.

Professional as Expert

Viewing the professional as the expert and decision maker is a common-held image for both parents and professionals. Seligman & Darling (1989) note that this image, known as professional dominance, includes elements of paternalism and control - or determining "what is best" for the client and what information is needed. They further suggest that parents, particularly during the shock after diagnosis, may see this as the norm and not question such dominance.

It is not unusual for the professional to play the role of the knowledgeable decision maker while encouraging the parent to play a passive part as recipient (Healy et al, 1985). Professionals want to use their training to provide assessment and implement interventions. However, when professionals operate from a clinical and nonholistic approach they may identify different goals from those of the family. Services are often based solely on the professionals' perceptions of the family's needs (McGonigel & Garland, 1988; Bailey, 1987). The absence of partnership in identifying and understanding family needs and identifying goals creates opportunity for misunderstanding and conflict among the participants.

The Family View

Seligman & Daring (1989) discuss how the family view may differ from the professional or clinical view. If professionals focus on adjustment of individual families, they may block out the larger social system and not see the reality of the family's everyday needs. Mercer's social system perspective, which views behavior as functions of the values of the social system, is a useful tool for understanding the family view (Darling & Darling, 1982; Seligman & Darling, 1989). The family is part of many interactions, not just the family-child-professional interaction. Professionals must recognize the social and cultural worlds by which the family is affected and the family's natural helping system. The family's definition of a situation is a result of their experiences, background, and values and influences their thinking and behaviors, i.e., in regard to parenting, disability, professionals, family priorities. As cited by Bailey 1987), the values and standards by which action is directed and defined is drawn from a family's life and their educational, social and community networks.

Professionals often look at situations more narrowly that the family who usually defines its priorities within broad interfactional contexts (Seligman & Darling, 1989). In addition, professionals and parents who are of different social and economic structures may have different views on needs and the use of resources to meet those needs (Dunst et al, 1988). It seems logical that a family's perception of their needs will guide their behavior.

RECOMMENDATIONS FOR ENHANCING POSITIVE RELATIONSHIPS

As stated previously, school social workers can play a crucial role in enhancing professional relationships with families. Leadership may be provided through such means as modeling, coaching, providing staff development, program analysis and planning, distribution of appropriate literature and materials, and day-to-day interactions. Use of excellent interpersonal communication skills are necessary for good relationships. Additional recommendations that can help professionals develop positive relationships with families include the following:

1. Examine current practice. Ongoing evaluation of one's practice is essential for any professional. The practice shifts needed for the family-professional partnerships called for by Public Law 99-457 require that early intervention professionals evaluate their current attitudes and practices. Nash (1990) reminds professionals that to realize active family involvement basic reframing of the way they view families, services, and their own roles may be necessary. Bailey (1987) suggests another possibility for interventionists to consider - that is, while not devaluing the interventionist's view, strong beliefs may have to be sacrificed to further collaborative goal setting. It is essential that professionals working with families strive to overcome societal barriers as well as those within their own attitudes and practice (Darling & Darling, 1982).

School social workers can serve as role models by examining their current practices, including being attentive to past perceptions and experiences in working with families and other professionals. They can then encourage and provide guidance for other early intervention professionals to do the same kind of analysis and identify ways to develop and integrate new attitudes and practices. Opportunities might also be provided for parents to consider how their past experiences influence their current attitudes and relationships with professionals.

2. Recognize and decrease differences in world view. As noted previously, families and professionals can view identical situations very differently. Darling & Darling (1982) explain this by use of the sociological concept of world view. A world view may be defined as a learned way of looking at situations that is common to a cultural group. As described in an earlier section, parents and professionals often have different experiences and attitudes which shape their thinking and actions.

The use of a systems perspective can help professionals understand the family's view. There is abundant support for such a perspective (Bailey, 1987; Darling, 1979; Darling & Darling, 1982; Dunst et al, 1988; Freeman & Pennekamp, 1988; McGonigel & Garland, 1988; Seligman & Darling, 1989). As Bailey (1987) asserts, recognizing the impact of systems factors allows increased understanding of the family's view. Positive relationships are developed when parents feel professionals understand. When professional reactions are not supportive, professionals fail to become significant others for parents (Darling & Darling, 1982).

Joining is a process that can be used successfully in bringing together families and professionals. Pennekamp & Freeman (1988) view joining as "a process that encourages participants to understand each others' perspectives as a precondition for partnership" (p. 257.) Freeman & Pennekamp (1988) have devoted a text to the practical application of the joining process with the purpose of closing the distance between the natural environment of families and professionals.

Another way to understand and decrease differences in the world view of professionals and families is to maximize role-taking ability (Darling & Darling, 1982; Seligman & Darling, 1989). Role taking is defined as "the mental process of taking the ideas, opinions, and feelings of another into account" (p. 183, Darling & Darling, 1982). The idea of empathy is an additional way to view role taking. One parent noted that the most important suggestion she could offer to the expert was to mentally reverse roles and consider how she would feel (Alexander & Tompkins-McGill, 1987). While professionals may not be able to completely take on the family's role, the level of role-taking ability can be increased. School social workers can provide resources and opportunities to increase role-taking ability. Generating feedback from families on their experiences with professionals, obtaining information from families about their day-to-day experiences in parenting a special needs child and securing resources, reading personal accounts of families and literature written for parents are all useful in improving role-taking ability.

Using a strengths perspective rather than a problem-oriented focus may also close the gap between parent and professional world views. A compelling case has been presented for strengths-based practice (Weick, Rapp, Sullivan & Kisthardt, 1989). Fortunately, at a time when strengths-based practice is gaining support for varied populations, there is also more support for considering the positive aspects of parenting children with disabilities and their positive contribution to family and society (Wikler, Wasow, & Hatfield, 1983). Krauss (1990) reports the increasing literature on positive factors of raising a child with disabilities is changing the predominant view that family life is affected negatively. School social workers can help both families and professionals view families from a strengths perspective which can only enhance relationships among families and professionals.

3. View families as partners, valued team members, and decision makers. The most promising way to improve relationships between parents and professionals is to establish the view of parents as partners (Sonnenschein, 1981). Expertise must be redefined to include experience gained from parenting. Parents are experts in day-to-day living with their child. Viewing parent perceptions as adding to the process, rather than as contradictory opinions or ones with little credence, is necessary (Seligman & Seligman, 1980). Parents need to feel that they are valued partners. If parents do not feel accepted and valued the team process will not function well. If parents believe they are viewed as inferior, they may withdraw and deprive the team of their input (Nash, 1990), which is not compatible with the role of parents as decision makers.

4. Strengthen team interaction. School social workers can provide excellent guidance in addressing team interaction due to their experience with systems and working on teams. Increasing and improving the quality of team interation is energy well spent (McGonigel & Garland, 1988). Collaborative relationships among team members can be actualized only if everyone involved is valued and provided an opportunity to participate. When all team members participate, rather than just a few, this may help the family feel more comfortable in participating (Nash, 1990). Nash further suggests that team members can facilitate family involvement by monitoring discussion and adjusting team process and structure as needed. Professionals must recognize that each family is unique and that essentially each time a team includes a new family a new team is created. What is an appropriate norm for one team may need negotiation and adjustment when establishing partnership with a different family. Furthermore, a family's level of involvement may change over time and the team needs to adjust accordingly.

Learning to manage conflict effectively is another way that helps teams strengthen their interteam relationships. Nash (1990) suggests that in this culture conflict tends to be avoided. This avoidance can hinder team process. When conflict is viewed as legitimate, team participants may feel more comfortable in expressing their own opinions especially if they disagree with others.

One of the signs of trust and respect in a healthy collaborative relationship is the opportunity to share feelings, needs, and priorities without being labeled in a derogatory way (Sonnenschein, 1981). Additional aspects of trusting relationships are: 1) sharing information promptly and openly, 2) understanding that it is acceptable to ask for help, to say "I don't know" or "I don't understand" without feeling incompetent or loss of respect, and 3) efforts that encourage dialogue and equal control and avoid practices that might make others feel like outsiders (Sonnenschein, 1981).

It is also important for teams to establish a common language and to frequently define words used. Professionals have their own jargon or special terms which can be a barrier to family participation (Nash, 1990). Parents also have their own special words which may not be fully understood by professionals. Even when there are shared terms, McGonigel and Garland (1988) caution that different persons may not attribute the same meaning to these terms. It is important for team members not to take shared terms for granted, but to ask for clarification when needed.

5. Reinforce parents' role as decision makers and build on their strengths and natural supports. Social workers have traditionally believed in client empowerment and school social workers in particular have been committed to parent involvement and parents' rights to make decisions regarding their children with special needs. Deal, Dunst, and Trivette (1989) discuss the concepts of enabling and empowering families as well as strengthening families and their natural support networks. They view enabling as creating opportunities for families to increase competence and success in mobilizing resources to meet their needs and goals. Empowering families refers to implementing services in a manner in which families sense control and gain confidence in their ability to make decisions. Strengthening families is building on those family strengths that encourage personal and social network resource mobilization.

Vincent (1988) reports that research now supports the resilience of families and the importance of each family finding its own solution to needs. She recommends that professionals focus on helping families find resources, meet other families, and affirm their ability to confront obstacles. McGonigel and Garland (1988) suggest that professionals should provide information and support in a way that enables families to use their strengths and resources to meet goals. In addition, more focus should be given to helping families create and strengthen their natural support networks (Vincent, 1988). This means that more attention is needed on the child and family's natural environment where problems occur and varied support networks may be found (Freeman & Pennekamp, 1988).

Supporting the family's role as decision maker means that the family can choose their level of involvement and that flexibility must be employed to respect the diversity of families. How, and if, family needs and strengths are assessed and addressed is a family decision. Bailey (1987) suggests that multiple and varied opportunities are needed for families to express their needs or concerns. Only when families can identify what they believe are their needs and priorities can early intervention services accurately reflect family goals (McGonigel & Garland, 1988).

6. Be an advocate. Working together with families to change practices, obtain services, or develop resources creates a special bond. Advocacy may be needed to include parents in policy-making bodies or to include parents in planning and presenting training for professionals. Professionals and families may need to work together to advocate for systems change, i.e., placing a greater emphasis on family involvement and making appropriate organizational changes (Nash, 1990).

Advocacy is viewed as a major contemporary role for professionals (Darling & Darling, 1982; Seligman & Darling, 1989). Joining organizations which involve families is one way to provide an opportunity for professionals to work closely with families on common goals. Working as partners for change on mutually agreeable goals creates productive family-professional relationships.

CONCLUSION

Public Law 99-457 holds great promise for family-centered early intervention services for young children who have special needs. It provides an extraordinary opportunity for families to work collaboratively with community professionals for the optimum development of their children while supporting family strengths and resources and problem solving skills. The foundation to achieve a true family focus lies in positive and productive relationships among families and professionals. Without quality relationships, many barriers to implementing the law in the manner intended will arise. School social workers - through their training, rich experience, and liaison role among family, educational, and community resources - can provide leadership to enhance family-professional relationships. As school social workers rise to this leadership challenge, they will play a pivotal role in the success of family-focused, community-based services for young children and their families.

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ABOUT THE AUTHOR

Ronda Parks Armstrong, L.S.W., has been employed by Heartland AEA 11, Johnston, Iowa since 1975. She has been an Editor of the Iowa Journal of School Social Work. The author expresses appreciation to Carol Adams, James P. Clark, Robert Hoksch, and Marlys Parcell Jordan for their support and suggestions regarding this article.

ON THE NEED FOR ALL STATES TO PROVIDE SCHOOL SOCIAL WORK AS A RELATED SERVICE IN SPECIAL EDUCATION: A POSITION STATEMENT

Issued By:

The Midwest School Social Work Council

The National Council of State Consultants For School Social Work Services

The National Association of Social Workers Commission On Education

November, 1990

Author: James P. Clark

The Midwest School Social Work Council, the National Council of State Consultants For School Social Work Services, and the National Association of Social Workers Commission On Education strongly recommend that all states provide school social work services to meet Federal requirements for providing related services to students requiring special education. States that do not currently provide school social work services should take immediate steps to establish these services. States that have existing services should continue to develop programs in a manner that will ensure appropriate and adequate levels of service to students with disabilities and their families. Recommendations to include school social work services in Individualized Education Programs should be based on the need for services, not on the availability of services.

Rationale:

Even though school social work services are listed as a related service in the 1990 reauthorization of the Individuals With Disabilities Education Act and were defined in the 1977 regulations implementing the Education of the Handicapped Act, many school districts nation-wide do not make services available to children and youth with disabilities. A 1988 survey of special education and related services expenditures conducted by the Federal Office of Special Education Programs found that only 40% of local school districts provide school social work services (Decision Resources Corp., 1988). Based on this alarming finding and recent discussions related to reauthorizing the Education of the Handicapped Act, the United States Senate Committee Report (101-204, dated November 15, 1989) included the following comment:

> "Because of the role school social workers play in special education - assisting children with disabilities to adapt to their educational environments, helping parents of children with disabilities to understand their child's disabling condition and the availability of special education services and supportive community resources, and in providing assessment and counseling services - the Committee feels that it is critical that schools make appropriate use of their services. The Committee urges the Secretary to ensure that State and local educational agencies provide social work services when needed and base IEP recommendations on the individual student's need for social work services, and not the perceived availability of such services."

It is the position of the Midwest School Social Work Council, the National Council of State Consultants For School Social Work Services, and the National Association of Social Workers Commission On Education that in order to fulfill the obligation to ensure a free appropriate public education for children and youth with disabilities as per the mandate of the Individuals With Disabilities Education Act, states and local school districts must make school social work services available. States and school districts that currently do not provide school social work services should take immediate action to establish services that will meet the intent of this legislation. State and school districts who currently provide school social work services are urged to review these programs to ensure that services are provided appropriately and at adequate levels to meet the intent of the Act.

Note: This statement addresses the particular requirement for school social work services to be provided as a special education related service as per Federal regulation, and does not intend to suggest that school social work services should be provided only to students requiring special education. Rather, it is highly recommended that school social work be a component of comprehensive pupil services that are available to all students.

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Consultation and information regarding school social work services are available from the following organizations:

Elaine Fliesser, President
Midwest School Social Work Council
404 E. Delwood
Morton, Illinois 61550

James P. Clark, President
National Council of State
Consultants For School
Social Work Services
6867 N.W. 54th Ct.
Johnston, Iowa 50131

Isadora Hare, Staff Director
Commission On Education
National Association of Social Workers
7981 Eastern Avenue
Silver Spring, Maryland 20910

Single copies of this position statement may be obtained from:
James P. Clark, 6867 N.W. 54th Court, Johnston, Iowa 50131

Editor's Note: The Iowa Journal of School Social Work and School Social Work Journal staffs have agreed to have the option of publishing in both journals any policy and position papers that benefit the profession of school social work.

ON THE NEED FOR STATES TO EMPLOY SCHOOL SOCIAL WORK CONSULTANTS: A POSITION STATEMENT

Issued By:

The Midwest School Social Work Council

The National Council of State Consultants For School Social Work Services

The National Association of Social Workers

November, 1990

Author: James P. Clark

The Midwest School Social Work Council, the National Council of State Consultants For School Social Work Services, and the National Association of Social Workers Commission On Education strongly recommend that all state Departments of Education employ appropriately qualified school social work consultants in order to provide the leadership that is essential to maximize the efficiency and effectiveness of school social work services.

Rationale:

At the present time 16 state Departments of Education employ school social work consultants, while several other states assign the responsibility of coordinating school social work programs to other Department of Education administrators. The increased need for school social workers to provide services in special education, student at-risk programs, and various other school programs has resulted in the growth of school social work services nation-wide. As these programs expand there is a critical need for an increase in the state level leadership provided by school social work consultants.

State Consultant Job Functions:

Essential job functions for a state school social work consultant include the following:

1. Intra-Departmental Administration and Coordination. The consultant works with other personnel within the state Department of Education in planning, developing and implementing state-wide educational initiatives such as programs for students at risk. The consultant may also assist policy makers in developing service standards and guidelines for school social work services, as well as the establishment of appropriate certification requirements for school social work practitioners.

2. Technical Assistance. School social work consultants provide technical assistance to program supervisors or administrators and school social work practitioners through on-site consultation visits and by providing training. This assistance is typically provided to assist in the implementation of quality services to various target groups of students such as those in need of special education and those who are at risk. Consultants also provide assistance in establishing and developing new programs.

3. Interagency Coordination. School social work consultants assist in establishing communication and coordination between the state Department of Education and other health and human service agencies.

4. Program Development. Consultants assist with on-going development of programs by promoting and providing opportunities for the development of innovative practices. Often this is accomplished through various state-wide projects and publications. The consultant also assists in the development of a state-wide plan for school social work program development.

5. Program Evaluation. Consultants assist school social work program supervisors in designing and conducting program evaluations which provide information that is essential in planning and implementing effective and efficient services.

6. Liaison With Professional Organizations. The school social work consultant provides a vital communication link between the state Department of Education and professional organizations such as the National Association of Social Workers and the state school social work association.

Benefits of Employing School Social Work Consultants:

Some benefits of utilizing the expertise of appropriately qualified school social work consultants are:

1. Assurance that the unique contribution and perspective of school social workers will be represented in state level initiatives, decision-making, planning, and ongoing educational policy development is achieved when consultants are on staff at state Departments of Education.

2. In monitoring and evaluating programs, consultants can assist in ensuring the appropriate and effective use of school social work services throughout the state. Assuring that programs operate consistent with state regulations and guidelines as well as professional standards such as those established by the National Association of Social Workers (1978) can also be facilitated by the state consultant.

3. Through state-level interagency coordination efforts, consultants can assist in developing procedures and practices that maximize the state-wide efficiency of school social work services.

4. Consultants can assist in designing and conducting research, and developing projects which promote innovative practices and improve the quality of school social work services.

5. By functioning as a liaison between the state Department of Education, school social work practitioners, and professional organizations, consultants can facilitate meaningful and productive communication between policy makers and practitioners.

Qualifications of the consultant:

Consistent with recommendations made previously by the National Council of State Consultants For School Social Work Services (1982), the appropriate educational preparation for state school social work consultants is a minimum of a master's degree in social work from an institution accredited by the Council on Social Work Education. A minimum of five years of direct practice experience as a school social worker should also be required and at least two years experience as a school social work program supervisor or administrator is desireable when reasonable opportunities to obtain this experience exist in the state.

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Single copies of this position statement can be obtained from:

James P. Clark
6867 N.W. 54th Court
Johnston, Iowa 50131

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BOOK AND FILM REVIEWS

Among Schoolchildren by Tracy Kidder. Houghton Mifflin Company, Boston, MA, 1989.

Among Schoolchildren is a work of nonfiction written by Tracy Kidder who studied at the University of Iowa and who won the Pulitzer Prize in 1982 for The Soul of a New Machine. Kidder conducts an assessment of Mrs. Zajac's fifth grade classroom in an inner city school in Hollyoke, Massachusetts over the course of a nine month school year.

The classroom reflects poignantly the struggles of "at risk" children in the educational system as well as in the larger society. Her classroom contains students who have experienced severe physical and emotional hardships. The author appears to be acutely aware that a teacher does not manage his/her classroom in isolation but interacts at the interface of numerous social systems. Through entertaining narrative and dialogue, the reader learns about the group processes of the classroom, Mrs. Zajac's co-workers, the core evaluation process, the inner city Hispanic neighborhood in which she teaches, and her own family and personal support network.

The reader cannot help but gather social assessment information as the school year unfolds. With each additional detail, the jigsaw puzzle of the classroom environment is pieced together. The differences in student abilities, temperaments, and family backgrounds become apparent.

Judith, an intuitive student who teaches Sunday School in her father's storefront sanctuary is "smart about being smart" and does not appreciate overpraising by the teacher. She serves as an interpreter for her Spanish-speaking father at parent-teacher conferences.

Robert chronically fails to complete work and appears engrossed in a fantasy world. When isolated from the class, he carves and gouges his hand with a penny.

Dick is a quiet student bussed from an upper-middle class neighborhood. He is motivated by social studies and volunteers to be a peer tutor.

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Courtney fails every subject at the beginning of the year, appears miskept, and wears a door key on a chain around her neck. As the year progresses, she demonstrates more effort and her academic performance improves.

Clarence pokes, hits, and pushes other students. He disrupts the class and verbally abuses the teacher. During the school year, he is recommended for a special class for children with severe behavioral difficulties. Mrs. Zajac's responses to the evaluation and placement process are particularly intriguing.

Among Schoolchildren demonstrates the myriad of demands placed on the classroom teacher and the stressors that threaten to stifle the potential of students in our modern society. It illustrates that well-intended solutions to assist children can also become part of the problem.

The book could aid in helping graduate students understand school social work from a systems perspective. It would be highly recommended for beginning school social workers as a way of introducing the consultation skills needed for assisting the regular classroom teacher. Finally, Among Schoolchildren serves as an excellent reminder to experienced school social workers about the human dimension to student evaluations and interventions.

Dea Ellen Epley Birtwistle, MSW, ACSW
School Social Worker
AEA 2

Leadership and The One Minute Manager by Kenneth Blanchard, Ph.D., Patricia Zigarmi, Ed.D., and Drea Zigarmi, Ed.D. William Morrow and Co. Inc., New York, 1984.

O.K. O.K. You are a school social worker and you are saying "Why would I want to read a book about leadership and being a manager?"

This brief, 105 page book is excellent not only for social workers working as managers or supervisors of other people, but was really beneficial for me in determining what styles of leadership I like and needed as a worker.

This book covers the four basic leadership styles of **directing, coaching, supporting,** and **delegating.** The authors then examined these leadership styles with four different patterns of competence to commitment.

The outcome of these combinations are:

Directing is for people who lack competence but are enthusiastic and committed.

Coaching is for people who have some competence but lack commitment.

Supporting is for people who have competence but lack confidence or motivation.

Delegating is for people who have both competence and commitment.

Looking at the above, I think as social workers we need all four combinations, because of the complexity and unpredictability of outcomes with the clients we are attempting to assist. Also, as social workers, we are each at different developmental stages in our jobs. An example would be that a relatively new employee social worker may need much more **directing** and **coaching,** where an experienced employee-social worker may need more **supporting** and **delegating.**

Finally, the authors indicate that the four leadership styles can best be used if the manager, supervisor, or leader is flexible, good at diagnosing, and then is able to contract the necessary work with their workers. These skills-flexibility, diagnosis, and contracting-are essential not only to school social workers, but all social workers and helping professionals.

Jon Fisher, A.C.S.W.
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AEA 2

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Send a typed original and three (3) copies. Please attach an abstract of not more than one hundred (100) words and a vita of not more than fifty (50) words. The author will retain a copy in case of loss through the mail. The manuscripts will be reviewed anonymously by the editors and the members of the Editorial Board. Authors will receive notification of acceptance. Unless a manuscript is accompanied by a stamped, self-addressed envelope, it cannot be returned to the author. Please adhere to the A.P.A. (American Psychological Association) style. Footnotes, where necessary, should be set at the end of the text. Articles and essays may take the form of research articles, case studies, descriptions of projects, practice techniques, interviews, etc. Articles should not exceed twelve (12) double-spaced typewritten pages. Notes, double-spaced, typewritten, may be considered. These notes might include viewpoints, practice aids, mini-bibliographies, resource lists, presentations, and letters to the editor. Manuscripts and notes should be addressed to: Sara Andreasen, Iowa Journal of School Social Work, Box 5, Grinnell, Iowa 50112.

BOOK AND FILM REVIEWS:

Reviews of books or films are encouraged as long as they relate to issues significant to social work. Reviews being submitted for publication should be double spaced typewritten. They may be brief in nature or feature more detailed information. Inquires may be made to: Robert Leach, R.R. 1, Box 102, Charles City, Iowa 50616.

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MAY 1993
VOL. 6 NO. 1&2

CG 030872

EDITORIAL STAFF

Manuscript and Managing Editor
Sara A. Andreasen, L.S.W.
IJSSW
P.O. Box 5
Grinnell, Iowa 52102

Production Editors
Gary Froyen, A.C.S.W., L.S.W.
IJSSW
P.O. Box 652
Cedar Falls, Iowa 50613-0652

Cheryl McCullagh, A.C.S.W., L.S.W.
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The subscription rate is $10.00 for individuals and $16.00 for libraries. Advertising inquiries, subscription inquiries and changes of address should be mailed to The Iowa Journal of School Social Work, P.O. Box 652, Cedar Falls, Iowa 50613-0652.

May 1993
Volume 6, Number 1

IOWA JOURNAL OF SCHOOL SOCIAL WORK

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EDITORIAL COMMENTS

Yes, we are still here!! We have received numerous letters over the past months wondering if The Iowa Journal of School Social Work is still in existence. This issue has been long in production due to a marked reduction in manuscripts submitted for publication. The wait has been well worth it, as a brief thumbing through of this issue will attest.

There are more reasons than ever to submit manuscripts for publication. School social workers in the state of Iowa are facing ever increasing challenges. The impact of reduced or questionable funding for our services and the now state-wide Renewed Services Delivery System initiative are challenging us more than ever to be innovative in our service delivery. School social workers are meeting these challenges in a variety of exciting and innovative ways. Articles in The Journal are an excellent way to share these innovations with other school social workers and to document the effectiveness of our work.

Transition and change has been a theme for 1992-1993 thus far. We have new leadership at the national level. The Journal is also ushering new leadership. Cheryl McCullagh and Gary Froyen are both experienced school social workers with Area Education Agency 7. They bring with them polished editorial and computer skills, new energy and ideas that will greatly enhance future publications of The Journal.

Sara A. Andreasen
Manuscript and Managing Editor

Editor's Note: Letters to the Editor are welcome. Send to Letters, IJSSW, P.O. Box, 652, Cedar Falls, Iowa 50613-0652.

A SELF-REPORT QUESTIONNAIRE FOR GROUP WORK: MONITORING THE OUTCOME OF GROUP WORK INTERVENTION WITH SPECIAL EDUCATION STUDENTS

Cheryl Edwards McCullagh
Bea Ager Koontz

ABSTRACT

The authors present a self-report questionnaire that they developed to document student change during and after process group work intervention with special education students. Construction, validity and reliability issues are addressed. Research results pertaining to group stages and I.E.P. objectives are presented.

Group work in some form has been included in the practice activity of social workers since the early days of the profession. Group work skills have been refined over the years and applied with various client groups and specific populations. In recent years Iowa has become a leader in group work endeavors with students in special education due, in great part, to the initiatives of social worker Phil Piechowski and psychologist Tom Ciha (1988). These two men organized efforts to train various professional persons in the field of special education to lead groups that focus on process interaction (therapeutic interaction among leaders and students), which facilitates developmental growth across many areas. The current mandatory emphasis in special education on progress monitoring and outcome analysis (1) encourages research relating to the effectiveness of group work intervention with special education students, and (2) necessitates the development of individual education goals and objectives that allow critical scrutiny.

WHY THIS QUESTIONNAIRE?

The authors have conducted junior and senior high problem-solving, therapeutic or counseling groups during the last 4 years for students who have been identified as learning disabled and behaviorally disordered. It has become increasingly evident to the authors that outcome analysis of group activity is needed to (1) guide the intervention decisions which will affect the progression of group stages and achievement of I.E.P. objectives, (2) help group leaders to analyze the overall effectiveness of the group work interventions, and (3) generate and encourage administrative support of group work with special education students.

The authors searched for evaluation/assessment instruments that would help to determine the effectiveness of group work with students in special education. A few evaluation-oriented questionnaires were found. These evaluation questionnaires fell into three general categories:

1. Co-leaders are asked to evaluate one another's skills;
2. Leaders are asked to evaluate the general effectiveness of the group experience from their points of view;
3. Student participants are asked to evaluate their own behaviors/performance in the group.

Authorship citations for these questionnaires are rare. Moreover, the questionnaires do not appear to be particularly useful for assessing the effectiveness of group work with special education students. The reading level requirement of all of these questionnaires is beyond the skill level of most special education students with whom the authors have worked. The questionnaires also anticipate an understanding of self that is beyond the developmental level of many, if not most, of the students with whom the authors have worked. In addition, the authors believe that the questionnaires do not address the totality of the group experience.

An Online Bibliographic Search was conducted in February 1990, to seek information about assessment activity for group work with special education students. A paucity of publications about this subject was found, and no publications were directly useful for the authors' intended evaluation needs. This lack of emphasis on assessment in group work has been addressed pointedly by Rose (1981). At this point, the authors developed a questionnaire to document self-reported student change during and after group work intervention. The questionnaire is presented below:

Name: ______________________________ Date: ____________

SELF-REPORT GROUP ASSESSMENT QUESTIONNAIRE

	Never	Sometimes		Always	
1. I made helpful suggestions to other group members.	1	2	3	4	5
2. I tried to help another group member solve a problem.	1	2	3	4	5
3. I shared my feelings with the group.	1	2	3	4	5
4. I talked about things that interest me.	1	2	3	4	5
5. I talked about things that are fun to do.	1	2	3	4	5
6. I talked about my family.	1	2	3	4	5
7. I talked about a problem I was having.	1	2	3	4	5
8. I talked about what was happening in my classes.	1	2	3	4	5

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Self-Report Questionnaire

	Never		Sometimes		Always
9. I told another group member that I didn't agree with what he/she said or how he/she was behaving.	1	2	3	4	5
10. I was a good listener.	1	2	3	4	5
11. The group helped me to think about how to solve a problem.	1	2	3	4	5
12. People in the group listened to me.	1	2	3	4	5
13. I got to know group members better.	1	2	3	4	5
14. I trusted the group leaders.	1	2	3	4	5
15. I trusted the group members.	1	2	3	4	5
16. I heard that other group members sometimes feel the same way I do.	1	2	3	4	5
17. I tried to be honest in the group.	1	2	3	4	5

18. I wish we had talked more about ______________________________

____

____

19. The worst thing about group was ______________________________

____

20. The best thing about group was ______________________________

____

21. If a group experience is offered next year, would you be interested in being a member of the group? ____ Yes ____ No

22. Other comments:

____

____

____

____

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Beatrice Koontz and Cheryl McCullagh

CONSTRUCTION ISSUES

Questions are formulated to address group members' attitudes, beliefs and feelings about their

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specific group participation behaviors. A Likert Rating Scale is used to offer choice about varying degrees of group participation. Students are also given the opportunity to comment or make suggestions concerning the group experience.

Usually, a questionnaire includes both positively and negatively stated questions and also a "lie"-scale. For this questionnaire, only positively stated questions are used so that students are not confused and the response-error possibilities are not irritated. A significant number of students in special education have serious cognitive processing difficulties. The questionnaire is therefore constructed with a patterned response choice, acknowledging that this might impact the reliability of the questionnaire.

A readability level analysis was done using Fry's Readability Technique (1980) and the Dale Chall Readability Formula (1980). The estimated Dale Chall Readability grade equivalency is 4.8, the Fog Index is 3.5 and the Flesch grade level is 1.3. The average grade level of these measures is 3.2, which is consistent with or lower than the measured independent reading levels of the special class students (especially those with learning disabilities) with whom the authors work. Still, in junior high groups, the leaders frequently need to read the questionnaire to the group members.

VALIDITY AND RELIABILITY ISSUES

The authors are in the beginning stage of determining the validity and reliability of the questionnaire. The questionnaire is written with group process theory in mind, and the authors assert that it has construct validity in conforming to group theory based on research analysis to date. In process groups, trust must be established and participants need to listen and to self disclose. As these behaviors occur in group members, the group moves through demarcated stages that reflect the growth of the group and its effectiveness for group participants (Piechowski and Ciha, 1988).

The questionnaire is scored by adding the ratings for the questions that relate to these three stages of process groups and dividing by the number of questions to determine the average for each student. Averages are added and the sum is divided by the number of group participants. The goals of process groups as they relate to specific questions on this questionnaire are noted as follows:

- trust: questions 9,14,15,17
- listening: questions 1,2,10,11,12,16
- self disclosure: questions 3,4,5,6,7,8

During the 1990-91 school year, the questionnaire was administered with the 7-month-long high school group in January and again in May, so that the authors would be able to assess individual and total group growth at mid-year and end-year (Table 1). At mid-year this assessment was most helpful in leading a discussion with group participants about their expectations for the group. Group members were alerted also to behavior changes they needed to make in order to ensure that their I.E.P. objectives would be accomplished.

Table 1 1990-91 High School Group

Questions	Jan. 1991		May 1991	
	Range	Average	Range	Average
Trust	3.25 - 4.00	3.6	2.25 - 4.25	3.4
Listening	2.00 - 3.43	2.8	2.71 - 3.86	3.2
Self Disclosure	1.33 - 3.50	2.4	3.00 - 3.67	3.3

The questionnaire was given to the 1992 junior high group participants on February 21, March 6, and April 23 (the group was begun on January 23). The results are profiled in Table 2.

Table 2 1992 Junior High Group

Questions	2-20-92		3-6-92		4-23-92	
	Range	Average	Range	Average	Range	Average
Trust	3.0 - 4.0	3.5	3.5 - 4.3	3.9	3.0 - 4.8	3.7*
Listening	2.7 - 3.5	3.2	2.7 - 4.0	3.3	2.8 - 3.8	3.5
Self Disclosure	2.2 - 3.7	3.0	2.5 - 2.8	3.0	2.8 - 4.0	3.6

* (One form was incomplete.)

Results from the 1990-91 high school and 1992 junior high school groups are consistent with the progression of stages in process groups. In the initial stage, trust must be established. In the working stage, listening is important. In the final stage, self disclosure leads to increased problem-solving activities. Such stage progression is reflected in both groups. In earlier group stages, questions related to trust were scored higher than those related to listening or self disclosure, so the initial stage goal was met. Toward the end of both groups, the scores are consistent for all three goals, suggesting that both groups did conform to process group stages and that the questionnaire reflected students' progress through these stages.

Criterion-related validity is being addressed by considering how the group work questionnaire correlates with other measures. Informal discussions with special class teachers about their assessment of student growth helps to determine if the questionnaire has concurrent validity. Predictive validity may be evident in correlation with graduation rates or success in integrated classes or at work sites. The authors are gathering such information.

Perhaps the major drawback to any discussion of validity in the use of such a measure is the difficulty in generating either a random group or a matched group with controls. All students who are recommended by their special class teachers for inclusion in a group are interviewed. Only students who express willingness to participate are chosen. Students are "screened out" if their needs obviously would not be met in a process group, i.e. if students have severe verbal or emotional deficits. Because students most likely to profit from the group experience are chosen, the authors cannot claim to have matched controls in those students who are not in group. Ethically, the authors cannot deny students an opportunity to be in group if the only reason for their non-selection is to generate controls. Also, it should be noted that many other events have an impact on group members both at home and school. Therefore, even those students with documented positive change during the school year may have exhibited such change with or without the group experience.

To determine the consistency of measurement (reliability) of the questionnaire, the authors have attempted to use correlation with equivalent forms; however, since no similar instruments were found, the authors have used the Achenbach Teacher's Report Form (1980) and Youth Self-Report Form (1981). These were completed by students and teachers in their special classes at the beginning and end of the school year for 2 years and included all students interviewed for group, whether or not they participated. Of the seven students who were interviewed in 1989-90, five participated in group and two did not. All of the behaviors of significant concern on the Achenbach Teacher Report Form declined from fall to spring. The self ratings on the Achenbach Youth Self-Report Form rose (increased in degree of significant concern) for the two non-group members and for one group member. The other four group members' scores declined on the Youth Self-Report Form. In the 1990-91 school year, some forms were not returned by teachers and some students also refused to complete the Achenbach Self-Report Form, so results are inconclusive. This does, however, demonstrate the difficulty of repeated administration of longer questionnaires by or from classroom teachers.

Such anecdotal information with a small number of students does not generate definite conclusions. It suggests increased compliance throughout the school year by students, as viewed by their special class teachers. It also reinforces the authors' belief that students and teachers may not agree on the amount or direction of change that a student undergoes. This has strengthened the authors' resolve to measure group work effectiveness by asking the student participants to rate their own degree of change.

QUESTIONNAIRE-RELATED INDIVIDUAL EDUCATION PLAN OBJECTIVES

The questionnaire is now being used to formulate and monitor the outcome of I.E.P. objectives for group members. The I.E.P. objectives are written with the group experience in mind. They also reflect, of course, the specific student need that precipitated the consideration for the appropriateness of a group experience for the student. Student needs (and I.E.P. objectives) may fall into areas related to trust, listening, and self disclosure, i.e. areas that impact the evolution of group stages. The questionnaire's apparent capacity to reflect the progression of group stages affirms the reliability of students' answers related to trust, listening and self disclosure, especially as those answers become positive over time. The questionnaire may also address student objectives that reflect the need for growth in areas such as assertiveness and problem-solving skills. The group setting is fertile ground for the development of such skills.

Case examples of questionnaire-related I.E.P. objectives are presented below. Students A and B demonstrate the use of questions related to group stage in the formulation of I.E.P. objectives and the monitoring of student growth. Student C's objective focuses specifically on problem-solving behaviors, which the authors have not analyzed in terms of group stages. Future research may relate such problem-solving activity to group stage growth.

If practitioners want to use the questionnaire simply as a self-report instrument, the questions that are "pulled out" to address a specific I.E.P. objective will depend on the practitioner's evaluation of which questions best address the student behaviors that require assessment. Practitioners are encouraged to use professional judgement at this point. Aside from the authors' selection of questions related to trust, listening and self-disclosure skills, the following questions may be related to positive problem-solving and assertiveness behaviors:

- Problem Solving: Questions 1,2,3,7,9,10, 11,17
- Assertiveness: Questions 1,2,3,7,9,17

Questionnaire-related student scores are calculated in these cases by averaging the percentage scores on responses to those questions that address a specific skill area. The following percentages are assigned to the Likert Scale responses:

1--Never--0%
2--Never-Sometimes--25%
3--Sometimes--50%
4--Sometimes-Always--75%
5--Always--100%

The issue of reliability has not been addressed by the authors for problem-solving and assertiveness behaviors.

Student A (Listening or Attentive Behaviors)

Present Level of Performance: Student A withdraws from or ignores any problem situation in school 50% of the time, according to his teacher.

Objective: Student A will attempt to provide positive solutions at least 75% of the time for problems encountered at school. This activity will occur in a group work setting, using listening and attentive behaviors in problem-solving discussion with other group members and will be evaluated by use of a student self-response questionnaire.

The questionnaire was administered at the end of the group experience. Student A responded to listening questions 1,2,10,11,12,16, averaging 96%. According to the student's self-report answers on the questionnaire, the I.E.P. objective was met with success.

Student B (Self Disclosure)

Present Level of Performance: Student B verbalizes feelings rarely, according to the classroom teacher. Instead, he exhibits physical attention-seeking and disruptive behaviors at least 3 times in a 45-min period.

Objective: Student B will verbalize feelings and thoughts about his experiences at least 50% of the time in the group work setting, measured by use of a self-report questionnaire.

The group work questionnaire was administered on three occasions to assess the progress of group stages and to address I.E.P. objectives. Student B answered self-disclosure questions 3,4,5,6,7,8 as follows (averages) on the dates noted below:

2-20-92--29% 3-6-92--42% 4-23-92--46%

Student B's objective was within 4 percentage points of being met. Still, group leaders noted his significant progress in the area of self-disclosing behavior during the group experience.

Student C (Problem-Solving Skills)

Present Level of Performance: Student C refuses 100% of the time to engage in problem-solving activity about peer-related problems encountered at school, according to her teacher.

Self-Report Questionnaire

Objective: Student C will attempt to discuss problem situations with peers at school and provide positive solutions to such problems at least 75% of the time in a group work setting, using problem-solving discussion with other group members. This behavior will be evaluated by use of a student self-report questionnaire.

When the questionnaire was administered to Student C at the end of the group experience, she responded to questions 1,2,3,7,10,11,17 with a 5 or "Always" rating, indicating 100% of the time. She responded to question 9 with a 3 or "Sometimes" rating or 50% of the time. The average response rating was 94%. The I.E.P. objective was met with success, according to the student's self-reported answers on the questionnaire.

This questionnaire may be administered frequently or infrequently to allow students to assess their own group-related behavior. The authors have administered the questionnaire to several groups only once during the group, typically at the end of the group experience. Certainly, a mid-group and end-group administration of the questionnaire would reflect individual student progress and group stage movement. It should be noted, however, that too frequent administration of the questionnaire may meet with negative student reaction and may not reflect significant behavioral change. Frequent administration of the questionnaire may not view a smooth, positive growth response by the individual student or the group as a whole due, in part, to the crises points that occur as groups (and individuals) shift from one developmental stage to another. Regardless, group leaders themselves may document student change by tallying specific student behaviors as noted on the questionnaire.

CONCLUSION

Theoretically, the use of this questionnaire can facilitate a student's self-awareness and ownership of behavior, as well as the ownership of I.E.P. objectives. Encouraging students to evaluate themselves is a strong, direct statement to students. That statement carries the message that students are indeed capable and free to choose their own behaviors and that the professionals who work with them value and respect their ability to assess responsibly of their own behaviors. This statement to students is a self-esteem building intervention.

The authors acknowledge that the presentation of the above data is premature but are motivated by the critical need for assessment in the intervention area of group work. Conclusions to date are as follows:

1. The questionnaire-related self report of students is an accurate indicator of change and can be used effectively in I.E.P. activity;
2. The questionnaire can provide information about stages achieved in process groups and can assist group leaders with "troubleshooting" interventions to facilitate the growth of groups;
3. The questionnaire is more helpful to group leaders than other assessment instruments because it is specific to group work;
4. Students can be engaged effectively in monitoring their own growth.

More data is needed to substantiate the effectiveness of group work intervention. Research regarding group work intervention historically has been slow. Special education practitioners have real problems finding time to do group work in schools. Space is limited very frequently. The paperwork can be arduous. Administrative support (both AEA and LEA) may be weak. The call, then, is for trans-disciplinary professional collaboration that is imbued with trust and respect. The call is also for research activity.

The authors are making this questionnaire available to school professionals who are conducting problem-solving, therapeutic, process groups. The questionnaire has already been published in the I.S.P.A. Newsletter (Koontz and McCullagh, 1992). The authors waive copyright restrictions and request that any professionals who use the questionnaire inform the authors of results or conduct their own research with aim toward publication of results.

Instrumentation--or the development of a questionnaire that is truly reliable and valid and that can be used to do meaningful research--is a difficult and complicated process. The authors emphasize that the effort described above is just a beginning and that the questionnaire will no doubt be refined. The authors are committed to effective intervention with special education students and call on the professional community to support research to affirm the effectiveness of group work intervention.

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ABOUT THE AUTHORS

Cheryl McCullagh, A.C.S.W., L.S.W., Registered Clinical Social Worker (Diplomat), has been a school social worker for AEA 7 since January 1982. Previously, she was employed as a school social worker for three years in Illinois.

Bea Ager Koontz, N.C.S.P., has been a school psychologist for AEA 7 since 1978.

Accepted for publication December 1992.

BUILDING INSERVICE PROGRAMS FOR THE NINETIES AND BEYOND

Charlene Struckman

ABSTRACT

This article briefly describes current practices of school social workers in the development of inservice training in Iowa. A review of the literature on staff development describes the types of inservice training that can be offered and lists those approaches that have been defined as "best practices" in the literature. Based upon the literature review and current practice in Iowa, a list of five best practices for school social workers in the development of inservice programming is presented.

Inservice staff development programs are vital to the future of school social work practice. Ongoing training is needed for school social workers to effectively provide services to schools, students and their families. The National Association of Social Workers, in Policy Statement 7, set professional standards for social work services in schools (National Association of Social Workers, 1978). Standard 3 states: "School Social Workers Shall Acquire and Extend Skills That are Appropriate to the Needs of Pupils, Parents, School Personnel, and Community" (Ibid., p.4). Standard 19 states: "Social Workers Shall Assume Responsibility for their Own Continued Learning and Shall Foster Among Themselves a Readiness to Adapt to Change" (Ibid., p.13). These mandates for quality school social work services further emphasize the need for staff development.

Although staff come from high quality pre-service M.S.W. programs, only entry level skills can be developed in the time allotted to pre-service training. The competent social worker develops over time through the crucible of experience. Staff development programs enable school social workers to reflect upon that experience and to utilize it to develop new and more effective approaches toward intervention.

Many of the skills required in school social work are idiosyncratic to education or to a particular agency (Reid, Parsons, and Green, 1989). Many of the skills listed in the N.A.S.W. policy statement are unique to education (National Association of Social Workers, 1978). Therefore, staff need training to prepare themselves to adapt traditional social work practice to a school setting. Particularly, in the first several years on the job, staff must learn a great deal about the education system in order to function effectively in schools.

Professional advances in social work and education also require ongoing training in order for staff to keep skills up to date. It has been estimated that the half-life of knowledge and skills in the helping professions is five to eight years (Hynd, Pielstick and Schakel, 1981). The Special Education Innovations, School Transformation and the new Individual Education Plan formats are examples of a host of changes in schools and special education that have impacted school social workers in recent years.

In addition, after a number of years on the job, all professionals, including school social workers, are prone to de-motivation, a loss of enthusiasm and a leveling off of job performance (Evans, 1989). As school social work staff reach midcareer, special attention needs to be given to the motivational aspects that may affect current job performance, as well as the acquisition of new skills. School social workers, as well as other educators, need training and support in order to accommodate the changes taking place in their work environment and to resist the tendency to become discouraged and less motivated.

Providing a high quality staff development program is the responsibility of the Area Education Agency and the discipline supervisor. However, an understanding of the components of effective inservice training can empower the school social work practitioner to ask for the type of training he or she needs to meet the changing demands of the profession, as well as to be able to more effectively use the staff development programs that are offered. In the final analysis, producing high quality inservice training is a responsibility shared by the discipline supervisor and the staff.

CURRENT PRACTICE

Current staff development activities vary widely across the state of Iowa. In general, however, school social work supervisors are vitally involved in planning and providing inservice training. An informal telephone polling of several school social work supervisors in Iowa revealed that they often perform this function in conjunction with other supervisors within the agency. Much of the inservice provided to school social workers in Iowa is with other disciplines. In most cases at least a part of the inservice program is for school social workers only.

A few agencies share inservice programs with outside agencies. This increases the base of financial resources needed to bring in high quality, nationally known presenters. It also increases the good feelings and cooperation between agencies that share a similar mission.

The amount of inservice varies from 1 to 2 days in some agencies to 8 or more days in others. Programs are usually provided within the area agency during normal working hours. However, some are provided in other community sites or in LEA settings. At least one agency provides paid inservice time that can be completed in the evenings and on weekends.

Inservice presentations often are made by outside specialists. They are also made by agency staff who have developed expertise in a particular area. Often agencies send staff persons to conferences or to meetings sponsored by the Department of Education to gain skills that can be shared with the rest of the staff when they return. Due to the need for financial efficiency, most inservice programming is provided in a large group situation. However, at least one agency is experimenting with intensive small group training.

In many AEA's, opportunities for inservice training are being provided through mentoring relationships and peer consultation. Group work projects in several AEA's utilize a group peer consultation format. This structure brings small groups of school social workers together to share practice experiences and to receive and provide feedback from peers.

All school social work supervisors engage in either formal or informal methods of need assessment. This process enables staff to participate in deciding what kind of training is needed. Across the state all AEA's provide staff development activities. Discipline supervisors take a leadership role, but all staff members are able to impact the staff development that they receive.

LITERATURE REVIEW

Information Transition

Korinek, Schmid and McAdams describe several basic types of inservice training (1985). The first "information transmission" is intended to increase the knowledge of a specific group. Generally, information is verbally presented through a lecture, demonstration or panel discussion in a classroom-like setting. There is usually only a minimal amount of audience participation. Sessions typically last 3 hours or less. This type of training is set up like the traditional school classroom.

Verbal instruction can also occur on a 1-to-1 basis or within a small group. An opportunity for an ongoing question-and-answer process enhances the individualization of the training based on specific staff needs. Being able to discuss and understand the requirements of a skill does not insure that an individual will be able to perform it (Reid, Parsons & Green, 1989).

Another popular way to transmit information is through written instruction. This can be presented in a variety of formats, including self-instructional manuals, commercially available books, published papers and memos to staff (Ibid. and Austin, 1981). Written instruction has a number of advantages. It eliminates the need for a trainer, and it can provide a permanent reference for staff; however, professionally published materials may be too general to be of value. Also, there is no opportunity for clarification and/or discussion. Finally, written materials are only effective if they are actually read.

Skill Acquisition

The second type of inservice, "skill acquisition," strengthens existing skills or imparts new skills. This type of inservice may be scheduled over several days, in a series of sessions and may demand active rather than passive involvement of participants (Korinek, Schmid and McAdams, 1985). This type of training may provide performance modeling (Reid, Parsons and Green, 1989). Performance modeling can be achieved through a simulated demonstration in the training session. This may involve role playing or the use of videotaped materials. It can also occur on the job through shadowing, which involves peer observation (Barnett, 1990).

There are advantages of performance modeling. It is easier for staff to comprehend what must be done if the experience can be witnessed or modeled to observers. If the demonstrator has to adapt to unanticipated environmental events, the staff can witness how that adjustment is made. Some disadvantages include finding trainers who are comfortable with modeling skills and having the technical ability to provide filmed or videotaped situations.

In "skill acquisition," opportunities for performance practice may also be provided. Performance practice involves opportunity for the trainee to rehearse the targeted skills (Reid, Parsons and Green, 1989). The performance practice may occur in an actual or simulated work environment. Performance practice enables the trainer to assess if the trainee has learned the targeted work skill. It also gives the staff person confidence in his/her ability to implement the procedure being trained. Among the disadvantages are the need for small groups and the discomfort staff may feel about demonstrating the skill in front of the trainer or peers. In addition, the fact that a skill has been acquired does not necessarily mean that it will be performed on the job (Korinek, Schmid, McAdams, 1985).

Behavior Change

The third type of inservice "behavior change" involves transferring the newly learned skills to the work situation. This may utilize components from the first two types. This type of training is more likely to occur in the job situation and to involve active participation through performance modeling and performance practice. This type of training is more costly, time consuming and requires the most commitment from all concerned.

Joyce and Showers (1988) have extensively researched the issue of behavior change or implementation in the area of teacher inservice. They have discovered that when the theory of a curriculum or strategy is adequately explained and when there is an opportunity to see multiple demonstrations and to participate in practice in the training situation, almost all teachers develop sufficient skill to enable classroom practice of the new techniques. Often, however, the new skills fail to become a permanent part of the teacher's skill repertoire. Unlike earlier researchers, Joyce and Showers have felt that the teacher's failure to transfer the new skills is due to characteristics of the work place rather than personality characteristics of the teacher (Showers, 1990).

Joyce and Showers developed a new component to staff development activities that continues long after the intensive training is over and that increases the chances of implementation. They developed a "coaching" follow-up training program that organizes teachers into self-help teams that share analysis of existing curricula in search of appropriate situations to utilize the new strategies.

In addition, they encourage the opportunity to watch colleagues teach the use of new strategies. The researchers hypothesized that, given the isolation in which most classroom teachers work, providing opportunities for substantive collegial interaction would provide the thoughtful integration needed to actually use the new knowledge (Ibid.). This hypothesis was confirmed. Eighty percent of the coached teachers implemented the new strategies as compared with only 10% of the uncoached teachers

(Showers, 1982, 1984). In addition, substantial improvements in student learning were achieved. The number of students passing their grade based on district requirements rose from 34% to 72% at the end of the 1st project year and to 95% at the end of the 2nd project year (Showers, 1990).

The Joyce and Showers research produced a new ideal paradigm: presentation of a theory, demonstration of a skill, protected practice, feedback and coaching (Lambert, 1989). Even as research about adult learning showed that many repetitions were needed to learn a new skill and that direct instruction alone is ineffective, the preferred methods of staff development remained passive (Ibid.). The Joyce and Showers "coaching" concept emphasizes active involvement. That involvement includes participants talking about their own thinking and teaching, initiating change in the school environment, contributing to the knowledge base and sharing in the leadership of the school (Ibid.).

This concept of "empowerment to motivate and energize staff" occurs throughout the staff development literature in both education and business (Foster, 1990, Joyce, 1990, Kizilos, 1990, Lambert, 1989, Miles and Seashore, 1990, Showers, 1990, and Simpson, 1990). This emphasis on empowerment mandates significant changes in the climate of the work place. Grant Simpson describes significant aspects of the culture sustaining change in DeKeyser Elementary School (1990). These include sharing and collegiality, empowerment and leadership (Ibid.). Collegiality included regular time and structures for joint planning. Empowerment involved the addition of concerns based staff meetings where teachers could confront important issues. Joint expectations about important issues such as teacher evaluations have evolved from these meetings. The leadership style is committed to partnership and nurturance (Ibid.). According to Joyce (1990), those aspects of school climate that facilitate the transfer of new skills include self-determination, supportive administration, a high degree of internal communication, time and opportunity to observe others and the expectation that everyone will make a contribution.

Best Practice Principles

Several literature review efforts to develop a best practices framework for staff development have been attempted (Hutson, 1981, Korinek, Schmid and McAdams, 1985). Conclusions point to the fact that inservice programs should be explicitly supported by administrators (Hutson, 1981, Korinek, Schmid and McAdams, 1985). Commitment is needed from administrators at all levels to legitimize, coordinate and recognize the efforts of participants. Their support is particularly critical when behavior change is planned, so that they can fight for the resources and the time needed to achieve those changes.

Rewards and reinforcement play an important role in staff development programs (Korinek, Schmid and McAdams, 1985). According to Hutson, intrinsic professional rewards are more effective than extrinsic rewards, such as released time or extra pay. Intrinsic rewards may mean new responsibilities or public recognition. It is also important to eliminate disincentives, such as inconvenient times or poor facilities. Commitment is further enhanced if participation is voluntary.

Participants should be fully involved in helping to plan the goals and activities of inservice training. This may be accomplished through formal or informal needs assessments. If participants are more involved, they have a greater sense of ownership and commitment to change (Korinek, Schmid and McAdams, 1985). The goals and objectives of the inservice program should be clear and specific and in harmony with the overall direction of the agency or department (Hutson, 1981, Korinek, Schmid and McAdams, 1985). Activities that are part of a general effort of the organization are more effective than "single shot" presentations (Ibid.).

Evaluation should be built into each inservice. The evaluation should be a collaborative effort aimed at planning and implementing programs (Hutson, 1981). Evaluation formats should inquire about how the skills that are learned at the inservice will apply to the participants' job and what further topics related to this topic should be addressed. Professional growth activities should include the local development of materials within a framework of collaborative planning by participants (Hutson, 1981). The idea is to avoid "reinventing the wheel" by modifying and adjusting new strategies to current practice.

Inservice trainers should be competent (Ibid.). Research indicates that the staff themselves or other practitioners are more successful trainers than are administrators or university professors. The process of inservice education should model good teaching through active learning, the use of self-instructional methods, allowing freedom of choice, utilizing demonstrations, supervised trials and feedback (Ibid.).

Inservice education should follow a developmental rather than a deficit model (Ibid.). Those being inserviced should be viewed as competent professionals who are participating in growth activities to become stronger. These existing strengths should be emphasized.

STAFF DEVELOPMENT BEST PRACTICES FOR SCHOOL SOCIAL WORKERS

Based upon the literature review and the current practices of inservice programming for school social workers, a number of best practices can be formulated.

1. **The school social work supervisor should plan inservice programming collaboratively with staff and participate fully in it.** Collaboration may be achieved through informal discussion, committee work or formal needs assessments. Collaboration implies more, however, than simply choosing among proposed topics. Staff should be involved in planning the amount of training needed, the goals of the training, the selection of materials and presenters and the creation of a plan for implementation.

2. **Rewards and reinforcement should be an integral part of the staff development program.** The emphasis should be on intrinsic rewards such as new responsibilities, opportunities for leadership or public recognition. Extrinsic rewards such as released time or extra pay may also be utilized but should not be presumed to insure staff commitment.

3. **The goals of the staff development program should be clear and in harmony with the overall direction of the agency.** Under optimal conditions staff throughout the agency will be involved meaningfully in setting the agency's course.

4. **The format for staff development should be based on the theory, demonstration, practice, coaching model proposed by Joyce and Showers (1988).** This would indicate a combination of types of inservice, including information transmission, skill acquisition and behavioral change. Providing staff opportunities to work in small study teams where current practice is articulated and discussed with a view to integrating new approaches optimally exemplifies this approach. The use of this approach enables school social workers, often working in isolation from each other, to have more opportunities for mutual support.

5. **Staff development program should demonstrate good social work practice.** Good social work practice energizes clients and empowers them to take charge of their lives. The best staff development program would empower school social workers to utilize their skill and knowledge to reshape practice as new conditions dictate. The underlying principle in this approach is respect for the skills and experience that the staff already possesses rather than a preoccupation with presumed "deficits."

CONSIDERATION FOR THE FUTURE

In many AEA's the movement toward the types of staff development suggested in this paper is well underway. Social work supervisors have already creatively utilized their meager funds designated for staff development, state grant funds and Phase III money to provide high quality staff training programs. Coordination with other AEA's or other community agencies has also increased the total resources available to provide quality training. Supervisors have utilized small group process, mentoring, case sharing, as well as verbal presentations, written material and video taped programs to provide training at all three levels--knowledge, skill development and behavior change. However, the true empowerment of staff in most AEA's is still a recognized goal that is characterized more by intention than by action. Among the constraints are agency requirements, discipline rivalry and a lack of time for planning.

Many changes are taking place in education through School Transformation and Special Education Innovations. Staff development is more important than ever before to help school social workers to continue to meaningfully contribute to education. Use of the best practices described above will insure that school social workers will receive staff development activities that are successful and relevant for their needs. School social workers must be empowered to take charge of their practice within changing school situations. They must learn to work together with each other and with other disciplines to provide the high quality of services to children and families that have characterized school social work practice in the past.

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ABOUT THE AUTHOR

Charlene Struckman, L.S.W., is supervisor of school social work services, Area Education Agency 7. She has worked there as a school social worker since 1979 and as supervisor since 1984.

Accepted for publication November 1992.

STUDENTS ON MEDICATION:
A BRIEF INTRODUCTION TO FIVE DISORDERS COMMONLY TREATED WITH PSYCHOTROPIC DRUGS

Delma Kernan
Ron Palumbo

ABSTRACT

In their role as liaison between school and family, school social workers are frequently called upon to collect medical/developmental histories and to interpret medical information for the student, his/her family and other members of the special education team. This paper focuses on five common psychiatric disorders of childhood: attention deficit disorders, depression, anxiety, seizures and tic disorders. It offers a general introduction to the psychotropic medications usually prescribed for these disorders.

INTRODUCTION

A recent survey by the National Association of Psychiatric Hospitals (1988) revealed that families find it difficult to admit that their children need professional psychiatric help. Seventy-three percent felt that parents do not seek professional help for children because they do not want anyone being aware of their child's behavior. Fifty-seven percent felt that problems of mental illness in children are an embarrassment to their families. From these results it is clear that the stigma attached to psychiatric treatment in our society is still quite strong.

On a more positive note, it also appears that this stigma is not strong enough today to interfere with the rational decision to get appropriate help. Ninety-three percent of those surveyed said they would seek professional help immediately if they recognized that their child had a mental illness, and 91% said they would immediately ask for professional help if they recognized that their child had a drug or alcohol problem. Seventy-four percent agreed that parents today are more concerned about children's problems and are seeking professional help more frequently. Ninety-five percent felt that people need to know more about the problems of mental illness, such as depression and violent behavior. Ideally, the child will benefit more when family, child and school can work together; the medical community can be an aid and support to all three.

This paper will focus on medications as part of the student's Individual Education Program (I.E.P.). School personnel need to know when a student is on medication, and it usually falls to the school social worker to secure releases of information to physicians. Therefore, this paper will attempt to provide a brief survey of the more common conditions, the medications used to treat them and possible side effects. This information can help professionals to understand what changes in behavior to expect, what to do in case of side effects and how to set realistic expectations for student performance. It is useful to keep in mind that sometimes one may see a combination of two or more conditions, such as attention deficit disorder and depression, at the same time.

By way of introduction, it may be helpful to review the differences in terms between the following professions:

1. physician--a medical doctor without a specialty or one who has a specialty in family practice

medicine--sometimes referred to as a "G.P." (general practitioner);

2. pediatrician--a medical doctor specializing in the medical conditions of children and their treatment;

3. psychiatrist--a medical doctor specializing in the diagnosis and treatment of mental problems, often through the use of medication;

4. psychologist--a non-medical person with either a Ph.D. degree or a master's degree, usually specializing in evaluation or therapy;

5. therapist--may be a psychiatrist, psychologist, nurse or a social worker trained to do therapy.

If a student needs medication, an evaluation should be performed first by a physician. Preferably, evaluation of possible psychiatric conditions should be done by a psychiatrist and, if possible, by a child psychiatrist in the case of children. If medication is prescribed, there needs to be regular follow-up visits with the physician as long as medication is being used (American Academy of Child and Adolescent Psychiatry, 1987). These may be in addition to visits scheduled with the therapist.

Professional persons should be aware that students may be receiving conflicting messages from significant adults regarding medications. On the one hand, students may hear that it is "bad" to take drugs; on the other, they may hear that they need to take medications for one reason or another. Professionals should be careful to explain these differences. Sometimes parents need to have these differences explained to them as well.

Finally, but most importantly, professionals should be aware that all medications have side effects of some type. Benefits need to be weighed against potential difficulties. The needs of the child can best be served by good communication between parents, teachers and the medical community. Parents should ask the physician about what the expected outcome of treatment will be, what possible side effects may occur and what other medications are incompatible. They are responsible for taking the child for regular follow-up appointments with the physician and for communicating this information to school personnel.

Let us now examine some of the more common conditions, along with their usual treatment and possible side effects.

ATTENTION DEFICIT DISORDER

Attention Deficit Disorder (A.D.D.) may be seen with or without hyperactivity. Attention Deficit Hyperactivity Disorder (A.D.H.D) is the most common psychiatric disorder seen in children. It affects an estimated 4 to 5% of school-age children, and it is usually seen three times more frequently in males than females (Greenberg, 1992). Attention Deficit Hyperactivity Disorder may lead to

1. impulsive rule-breaking;
2. crises in the form of undone homework, forgotten instructions, and extreme restlessness; and
3. tearful battles with dismayed teachers and parents.

Generally, symptoms consist of short attention span, easy distractibility and social impulsivity (About Attention Deficit Disorders, 1991). Attention Deficit Hyperactivity Disorder affects school performance as well as peer and family relationships. Frequently, one will see disturbed conduct in these cases. A medical evaluation is usually needed to check for depression as a possible underlying cause, as well as in making the diagnosis of A.D.D. itself. Regular medical follow-up is absolutely essential when the child is placed on medication as treatment.

Medication can make the difference that allows the child to get through the day without tears and to be able to sit still long enough to do his/her homework; in short, it can allow the child to get to the place where learning can occur. It is important to remember, however, that medication is no "quick fix miracle drug." Whatever the gains with medication, structure remains very important; the child still needs to learn to take personal responsibility for completing work and controlling his/her behavior (Barkely, 1981).

Behavior modification programs can be instituted towards these ends, and such programs work best if they can be coordinated with what is being done by the parents at home. When a behavior modification program is agreed upon, the goals should be

1. to help to meet the personal goals for the child;
2. to help the child learn to demonstrate responsible behavior; and
3. to help the child develop relationship skills.

This will result in raising self esteem, because the student will feel better as he/she sees progress toward these goals. Another result may be developing problem-solving skills as the student learns to work within his/her program. In summary, the A.D.H.D. child needs consistent discipline with clear limits and appropriate rewards, and medication is most effective when used in conjunction with behavioral management and psychotherapy.

The medication most commonly used for this condition is Ritalin. Recently, the Church of Scientology has put forth several objections about the use of Ritalin. Despite the publicity given this type of misinformation, Ritalin does not cause addiction or brain damage. Most research shows the 70 to 75% of children treated with Ritalin for A.D.H.D. respond well, 20 to 25% show little if any improvement and 3 to 5% have some type of adverse reaction (but one which lasts only a few hours).

The usual recommended dosage for Ritalin is .3 to .6 mg per kg of body weight per day. For instance, for an 80-pound child, dosage might be from 10-25 mg per day. Ritalin peaks in 1 to 2 hours and usually washes out of the system in 4 hours. Evidence suggests that the lower dosages (.2 to .4 mg/kg) selectively improve attention while higher dosages (.5 to 1.0 mg/kg) affect behavior and may not improve attention. Finally, while growing school-age children need to have dosages increased over time, teenagers and adults generally need only small (2.5 to 5 mg) dosages. Side effects of Ritalin include headache, dry mouth, stomachache, dysphoria (i.e., irritability, crying, over-sedation), negative long-term impact on growth measures and decreased appetite and sleep problems. For this reason, the final daily dose of Ritalin should not be given after 4 p.m.

Cylert, a cerebral stimulant like Ritalin, sometimes is used in the dosage of 2 mg per kg of body weight per day. This medication is most often prescribed when a student is diagnosed as A.D.H.D. but is not responsive to Ritalin. It tends to be used with students who have A.D.H.D. and are highly anxious. However, Cylert may cause liver damage, so it is essential to have follow-up blood tests to monitor this.

Tricyclic antidepressants improve attention, but their effect is inferior to the stimulants and their usefulness is limited due to their anticholinergic side effects, as well as possible cardiac side effects. Recently, some physicians have begun treating A.D.H.D. with Wellbutrin (Bupropion). Wellbutrin treats depression when it is present along with A.D.H.D. More studies are needed about this drug for treating those patients under 18 years of age.

A final note: Some parents whose children are on Ritalin use the treatment only on school days. In these cases the child may have extra trouble adjusting to school routines and expectations on Mondays, and again in the fall after they have been off the medication for the summer. It would be helpful for teachers to be aware if this is the case.

DEPRESSION

Though the term depression can describe a normal human emotion, it is also the name of a disease which can be life threatening (National Institute of Mental Health Fact Sheet, 1992). In addition to feeling some sadness, hopelessness and irritability, clinical depression includes at least four of the following symptoms:

1. noticeable change of appetite, with either significant weight loss or weight gain;
2. a noticeable change in sleeping patterns (sleep may be increased or decreased);
3. loss of interest in activities formerly enjoyed;
4. loss of energy, fatigue, or possibly a slowing of motor skills;
5. feelings of worthlessness or inappropriate guilt;
6. inability to concentrate, indecisiveness;
7. feelings of restlessness;
8. recurrent thoughts of death or suicide, wishing to die or attempting suicide.

Depressive symptoms in children frequently do not appear to take the same form as in adults (American Psychiatric Association, 1988). One may see accident-prone or risk-taking behavior, excessive fantasy life, a drop in school performance or excessive sleep. Often childhood depression is masked by what appears to be hyperactivity, aggression, feigned illnesses or frequent absences from school. Although such behaviors may be a sign of other illnesses, in cases of depression the child periodically will appear to be sad and may even verbalize depressing thoughts.

As Hyde and Forsyth (1986) have noted, "the risk of a depressed person committing suicide is fifty times higher than for a person who is not depressed." Furthermore, the suicide rate among teenagers has been increasing steadily since 1960; at the present time it is considered the number 3 cause of death among adolescents (Joan, 1986). In both adolescents and adults, depression can also be an underlying factor in eating disorders and drug/alcohol abuse. Furthermore, substance abuse is frequently associated with depression. If a teen is a substance abuser, he/she is 2 1/2 times more likely to be depressed.

Treatment of depression is directed at increasing self esteem through success and building on strengths, resolving family conflicts and placing an emphasis on approval and acceptance. Medication is often a useful form of treatment, especially in cases where there is a family history of depression. The longer the duration and/or the greater the severity of the individual's depressive symptoms, the more likely medication will be needed in order to treat the depression successfully.

Imipramine (a tricyclic antidepressant) is probably the medication most often prescribed for depression in young people. Occasionally, Prozac, Trazodone or Nortiptyline may be used. Typical side effects of the tricyclic class of antidepressants might be dry mouth, constipation, sedation, sweating, light-headedness or blurred vision.

Prozac and Trazodone generally have fewer side effects than the tricyclic antidepressants. Prozac may cause agitation and jitteriness, so it is given in the morning, whereas the others are taken at bedtime. As noted above, the Church of Scientology has claimed that Prozac causes suicidal ideation. Research has not supported this claim. Suicidal ideation is caused by depression. Prozac has officially been cleared of these accusations.

ANXIETY

In young people anxiety disorders are generally of three major types (American Psychiatric Association, 1990):

1. separation anxiety--excessive apprehension concerning those to whom the youngster is attached. This may involve repeated nightmares of separation, unrealistic worry that harm will befall the parent (or other attachment figure) or fear that they will not return, or persistent reluctance or refusal to go to school in order to stay with the parent. Usually, this starts between the ages of 6 and 12. However, it can begin earlier or start suddenly during the teenage years, signaling a particularly serious problem. This type of anxiety may be presented in an obvious way, or it may be concealed behind somatic or physical complaints (school phobia). The child should not be kept out of school and should not be excused from school attendance if at all possible.
2. avoidance disorder--a persistent and excessive shrinking from contact with others. This interferes with social functioning (social phobia).
3. over-anxious disorder--excessive worrying and fearful behavior that is not focused on a specific situation or object. This condition may also lead to various somatic complaints.

As noted above, the student should receive a thorough evaluation before beginning treatment. Current thinking emphasizes combined treatment programs, including one or more treatments such as pyschotherapy, desensitization and medication. Generally, medications are used in addition to psychotherapy. For some students, anti-anxiety medications are necessary to reduce the level of anxiety and allow them to return to the classroom. These medications may also reduce the physical symptoms that many students feel--nausea, stomachaches, dizziness or other vague pains. Inderal, which is a Beta blocker, is sometimes used in cases of performance anxiety.

SEIZURES

Occasionally, one may work with a child who has a seizure disorder. While this is not usually considered a psychiatric diagnosis, it may be present along with another diagnosis. The usual medications prescribed for seizure disorders are Depakene, Dilantin or Tegretol. These medications may sometimes slow the child's functional level. Tegretol is also used in management of affective disorders and for control of violent outbursts or assaultive behaviors.

TIC DISORDERS

A tic is defined as a purposeless muscle movement (American Academy of Child and Adolescent Psychiatry, 1989). Some tics may disappear by early adulthood, while some may continue. Children with Tourette's disorder may have both body and vocal tics. Children with Tourette's may have problems with attention and concentration; they may act impulsively or they may develop obsessions and compulsions. In more severe cases, they may blurt out obscene words or make obscene gestures. These are completely uncontrollable, and the child should not be punished for them. This condition is relatively rare, almost always begins before age 13 and is more common in boys than in girls.

The medication most often used to treat these disorders is Haldol. The dosage of Haldol varies from one individual to another. Usually the patient is started on the minimal dosage, and this is gradually increased to the point where there is maximum alleviation of symptoms with minimal side effects. Typical side effects might include dry mouth, dizziness, blurred vision, difficulty with urination, muscle rigidity or fatigue and motor restlessness. Some people cannot tolerate the side effects and the medication must be withdrawn. Early diagnosis and treatment are important, and the classroom teacher can do much to discourage negative peer response. The course of the disorder is marked by exacerbations, partial remissions and symptom frequency increases at times of stress and fatigue.

ORAP (Pimozide) is a new drug developed to treat Tourette's, but it is not intended to be a first choice treatment or a treatment that is used for a condition that is merely annoying or cosmetically unacceptable. It is reserved for those whose daily life function is severely compromised and for whom Haldol is intolerable.

CONCLUSION

The information presented here is only a general introduction. Each individual may react differently to a given medication, and effects--both positive and negative--vary, according to the amount taken.

Physicians cannot accurately predict who will experience side effects or to what degree. If the student, teacher or family has questions about a medication's purpose or effect, it is best to ask the prescribing physician or local pharmacist.

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ABOUT THE AUTHORS

Delma Kernan, R.N.C., is a psychiatric nurse at the McFarland Clinic, P.C., in Ames. This paper is based on a presentation made on November 14, 1991, at the Annual Conference on Behavior Disorders.

Ron Palumbo, A.C.S.W., is a Licensed Social Worker in the Department of Psychiatry at the McFarland Clinic, P.C. He was previously employed as a school social worker with AEA 6 in Grinnell.

Accepted for publication February 1992.

THE ROOTS OF SCHOOL SOCIAL WORK IN NEW YORK CITY

James G. McCullagh

ABSTRACT

The visiting teacher movement is traced from its inception in New York City in 1905 to approximately 1913, when the New York Board of Education employed its first visiting teachers. The initial impetus came from settlement house residents who experimented with different approaches to helping the immigrant child in the home, the community and the school. The movement, begun and led by women, and with the support of the Public Education Association, pioneered a new approach that has grown into an important social work field of practice. Understanding the roots of school social work may offer contemporary practitioners a sense of identity - rootedness - and insights as the profession faces the challenges of the Twenty-first Century.

School social work, as is well-known, began in New York, Boston, and Hartford, Connecticut, during the school year 1906-1907 (e.g., Costin, 1969; Oppenheimer, 1925). In the beginning in New York City, settlement house residents, working independently but with a common purpose, were experimenting with different approaches to creating links between the home and the school on behalf of school-age children. Two professions joined - education and social work - to create a new specialist, variously titled to describe the work of this hybrid worker: special worker; home and school visitor; visiting teacher. Later, this specialist would become the school social worker. This paper traces the origins of school social work, its initial spark, catalytic elements and early growth in New York City upon its adoption by the Public Education Association until approximately 1913, when the New York City Board of Education began employing visiting teachers.

SOCIAL SETTLEMENTS IN NEW YORK CITY

The roots of school social work are found in the social settlements in Manhattan - from the West Side to the Lower East Side - whose residents engaged in "home and school visiting." The cities had experienced an unprecedented population explosion since the 1870s - from almost 40 million in 1870 to just over 77 million in 1900, of whom 39% now lived in urban areas (Sanders, 1962). By 1907, the population had reached 89 million (Tomlinson, 1965). New York City's population also increased dramatically - from approximatley 1.2 million in 1860 to almost 4.8 million in 1910 (Trattner, 1989). By 1900, immigrants in New York City constituted more than three fourths of the population (Trattner, 1989). The Lower East Side experienced the most severe overcrowding - 330,000 people per square mile (Trattner, 1989).

The overcrowded tenements of the Lower East Side brought not only disease and squalor but also overcrowded schools and classrooms consisting of largely poor, hungry immigrant children (Hunter, 1904/1965) who, unable to benefit from education, were set "adrift unfitted for the struggle of life . . . . [to] become dependent, paupers, and the procreators of a pauper and dependent race" (Spargo, 1906, pp. 117-18). At the same time, in reaction to, and, to some extent, fear of the poor, a dazzling variety of institutional structures, including the settlement house, sprang into existence to grapple with poverty, misery, disease and death. Social settlements, the first of which took root in the Lower East Side in 1886 (Woods & Kennedy, 1911), reflecting a "new spirit of conscience" (Cremin, 1961, p. 59), offered a way for the mostly young, well-educated, single and from "moderately well-to-do" families to help "solve the problems of urban and industrial America" (Davis, 1967, pp. 38-39).

The settlement house idea spread rapidly - from just 1 in 1886, to 74 in 1897, to 103 in 1900, to 204 in 1905, and by 1911 Woods and Kennedy could include 413 settlements in their Handbook (Woods & Kennedy, 1911). Many settlements were founded in the Lower East Side, including College Settlement in 1889 and Henry Street Settlement House in 1895; some were established on the Upper East Side, including Union Settlement in 1895; a few were established on the West Side of Manhattan, including Hartley House in 1897, Richmond Hill House in 1900 and Greenwich House in 1902 (Woods & Kennedy, 1911).

Among their many activities, settlement house residents gave especial attention to children. They opened their houses to children for recreation and club work, established kindergartens and study rooms and established libraries. Richmond Hill House, for example, had a kindergarten and "classes in carpentry, wood carving, clay modeling, drawing, sewing, bead work and folk dancing; clubs for women, young people and children with dramatic, social and literary aims" (Woods & Kennedy, 1911, p. 222). Settlement workers also lobbied for "pedagogical innovation, and it is no surprise that during and after the nineties [1890s], they played a central role in the educational reform movement" (Cremin, 1964, p. 64). It is within the milieu of privilege amongest the striking poverty, overcrowding of public school classrooms, an increasingly immigrant population, coupled with compulsory education laws, and a growing awareness of individual differences among children, that residents of various settlement houses (e.g., Henry Street, Union, Hartley, Greenwich, College, and Richmond Hill) engaged in home and school visiting (Reich, 1935; Woods & Kennedy, 1911).

BEGINNINGS: CATALYSTS OF CHANGE

Four residents, Mary Marot from Hartley House, Elisabeth Roemer from Richmond Hill House, Effie Abrams from Greenwich House and Elizabeth Williams from College Settlement - each working independently out of their social settlement - were experimenting with ways to unite the home and school on behalf of the child (Allen, 1928; Culbert, 1932; Reich, 1935; Simkhovitch, 1907). The spark that initiated the visiting teacher movement arguably began in the summer, 1906, when Mary Stuart Marot and Effie Abrams joined together and then invited Miss Roemer and Miss Williams to unite under the leadership of Mary Marot to form a home and school visiting teacher committee. Their initial work and backgrounds will be sketched briefly.

Mary Stuart Marot

Miss Marot identified a well-recognized need and devised a plan to remedy the lack of understanding that existed between the child and his/her environment and the over-burdened school teacher (Allen, 1928; Culbert, 1932; Oppenheimer, 1925; Woods & Kennedy, 1922). She grew up in Pennsylvania in a Quaker family and attended Swarthmore College in the late 1870s, but she did not obtain a degree (Swarthmore College, 1940). Miss Marot, who had taught in both elementary and high schools (Culbert, 1932), "believed the schools were a prime medium for social reform" (Levine & Levine, 1970, p. 129). Her background as a teacher led her to recognize that the urban school was too distant from the social world of the child, failed to recognize the child's environment and his/her mental and emotional well-being and was not sufficiently responsive to the needs of particular children (Culbert, 1932).

In the winter of 1905, she sought new ways "through which parents and homes might reinforce and supplement the educational aim of the school" (Woods & Kennedy, 1922, p. 280). Miss Marot initially visited progressive schools in various cities, such as the Speyer School in New York (Columbia University, 1913). Finding no curriculum that focused on the needs of the individual child in a changing society, she chose to live at a settlement house in Philadelphia. There, she studied the relationship of the families of boys in two club groups to the school, only to conclude that there was "a woeful lack of mutual acquaintance between home and school" (Culbert, 1932, p. 14; Richman, 1910).

While Miss Marot was at the Lighthouse Settlement in Philadelphia, which had its own separate Boys' Club building and included a gymnasium, library and various game rooms (Woods & Kennedy, 1911), she worked with a boys' club and also visited the school to ascertain the progress of each boy and then met with the parents to discuss the school reports. Cases requiring further attention were then referred to settlement staff (Allen, 1928). For Miss Marot, the "two phases of training were quite disconnected" (Culbert, 1932, p. 14); the mother did not know of the boy's life in school, and the teacher was not informed of the boy's life at home or in the community.

In the spring, 1906, Miss Marot became a resident at Hartley House on West 46th Street in midtown Manhattan (Allen, 1928; Culbert, 1932; Woods & Kennedy, 1922). Miss Marot again began her visits to the school and home on behalf of the boys of Hartley House, "who appeared to be having trouble at school, or who were 'problems' to their club leaders" (Culbert, 1932, p. 14). Miss Marot and the school teacher discovered that they each could contribute knowledge of the child and learn from each other. From this beginning of working together to solve the problem, teachers turned to "Miss Marot as a special worker for help in understanding and adjusting any particular" child (Culbert, 1932, p. 14). Thus, for Miss Marot, the seeds of a new approach began to emerge.

Effie Murray Abrams

Greenwich House, established in 1902, and located on the lower West side of Manhattan, also engaged in home and school visiting beginning during the period 1905-1906. Miss Effie Abrams (later Mrs. Walter E. Clark), a resident of Greenwich House since February 1904, was "studying at the present time the relation of the school to the home, . . . through the kind permission of the district superintendent, [and is] being detailed to a local principal for the purpose of creating a link between the school and home" (Greenwich House, 1906, p. 8). Miss Abrams also visited the homes of school children and "became impressed with the need of bringing parents and teachers into closer touch" (Allen, 1928, p. 2). The Annual Report for 1907 (Greenwich House, 1907) detailed the results achieved by Miss Abrams, as reported by Woods and Kennedy (1911):

> Through this service it found itself able to (a) correct cases of irregular attendance; (b) urge on parents and children treatment for physical defects; (c) call in the aid of settlements, district nurses, convalescent home, etc., for children; (d) explain to parents personally and in meetings the requirements of the department of health and the compulsory education law; (e) report to teachers and principals the conditions in homes; (f) follow up non-attendance in evening schools; (g) search the district for deaf

> and dumb children not attending school (as a result of which the city has undertaken a special school); (h) secure a specially prepared list of children needing vacations and secure opportunities for them to go away. (p. 199)

Greenwich House continued its home and school visiting program even after the Public Education Association assumed leadership (see below). A Committee on Social Education was established with Professor John M. Dewey as Chair. Other members included Paul U. Kellogg, Mrs. Walter E. Clark (Effie Abrams) and Miss Nathalie Henderson (Greenwich House, 1908). Visiting teachers such as Caroline Mills (Mills, 1916) and Gertrude Graydon (Graydon, 1916) were sent to two different schools in the neighborhood of Greenwich House. Greenwich House's promotion of visiting teaching continued throughout the decade.

Elisabeth Roemer

At Richmond Hill House, Miss Roemer was also creating connections between the home and school teachers. Elisabeth Roemer came to the United States in 1901 from Denmark, where early in her career she had taught in private schools prior to becoming a resident at Richmond Hill House in 1902 ("Elisabeth Roemer," 1961). In 1905, she became a head resident (Woods & Kennedy, 1911). Miss Roemer involved interested teachers in club work with children at the settlement, and the teachers also visited homes with her (Allen, 1928). Soon thereafter, "many of the teachers were referring to her for advice and help [with] problems and situations with which they felt unequipped to deal" (Allen, 1928, p. 2).

Elizabeth Sprague Williams

The College Settlement, founded in 1889, and located on the Lower East Side, was a home for educated women "in order to furnish a common meeting ground for all classes for their mutual benefit and education" (Woods & Kennedy, 1911, p. 193). Among the Settlement's many activities to improve their surrounding community was to maintain "[c]lose relations with the schools of the district" (Woods & Kennedy, 1911, p. 194). To achieve that goal, residents "entered into hearty co-operation with the teachers in efforts for individual children [and] carried on informal school visiting" (Woods & Kennedy, 1911, p. 194).

Miss Elizabeth Williams, Head Worker at College Settlement since 1898, was a graduate of Smith College in 1891 and in 1896 received an A.M. degree from Columbia University (Lubove, 1971). She also became actively involved in school visiting (Allen, 1928) and was an early member of the Public Education Association (PEA, 1905). Miss Williams also was a member of the local school board (College Settlement, 1906). Miss Williams, during the year 1906-1907, "gave a part of her three days a week of residence to visiting and helping children assigned to her by some of the Public School principals" (College Settlement, 1907).

Home and School Visiting Committee

The Committee, formed by Miss Marot in the summer, 1906, "for the sake of an extension of their plans, and to exchange experiences and opinions" (Allen, 1928, p. 2), as previously mentioned, consisted of residents of four settlement houses. In the fall, 1906, formal support was received from Greenwich House and Hartley House to continue "the work already begun by Miss Marot" (Nudd, 1916, p. vii). Miss Marot and Miss Abrams were placed in the fall, 1906, by their respective houses as visitors (Flexner, 1913; Nudd, 1916). Miss Marot and the other members associated their committee with the Public Education Association of the City of New York in January 1907 (Nudd, 1916). This important connection is the next step in the development of an emerging speciality in social work.

THE BEGINNINGS OF FORMAL ACCEPTANCE OF THE VISITING TEACHER: THE PUBLIC EDUCATION ASSOCIATION ASSUMES LEADERSHIP

The Public Education Association (PEA), born during the progressive period in 1895, during an era of municipal reform, originally consisted of "society women" who "were selected with utmost care" (Cohen, 1964, pp. 1-2). One of its important objective areas was to "study the problems of public education, investigate the condition of the . . . schools, stimulate public interest in the schools, and propose from time to time such changes in the organization, management or educational methods as may seem necessary or desirable" (PEA, 1914, p. 32). Its purpose, in brief, was to bring "organized citizen effort" to work toward the improvement of public school education, so that the schools will "progress and keep pace with rapidly changing social and economic conditions" (PEA, 1914, p. 1). The PEA was particularly concerned with the "huge foreign population" in the East Side, which had "the evil distinction of being one of the most densely populated areas in the world, an area of unimaginable crowding and squalor" (Cohen, 1964, p. 6).

The PEA and other social reformers, including the social settlements, "turned to the public schools as the city's chief instrument for Americanizing the immigrant, and as the city's chief strategic agency for philanthropic effort and neighborhood reform" (Cohen, 1964, p. 13). The early work of the PEA was done by small committees - School Visiting, School Affairs, Truancy, Playground - "which take up different problems" (PEA, 1906, p. 6). It was during this early period - just after the formation of the PEA - that the PEA and the social settlements joined together and worked particularly to expand the purpose of the public schools to meet the social and recreational needs of the child (Cohen, 1964).

One of the PEA's committees was the School Visiting Committee. Members of this committee, since 1895, had visited schools in order "to establish friendly relations with the teachers and the school authorities, and to familiarize the visitors, and through them the Association and the public, with conditions in the schools and methods of instruction" (PEA, 1905, p. 5). From December 1905, to June 1906, the chair of this committee was Helen Marot, sister of Mary Marot (Cohen, 1971).

In January 1907, primarily at the urging of Miss Mary Marot and Miss Richman (Cohen, 1964; Oppenheimer, 1925; Richman, 1910), and perhaps with the assistance of her sister, Helen Marot, and Miss Nathalie Henderson (Reich, 1935), the settlement house committee became a sub-committee of the School Visting Committee (Nudd, 1916), with Miss Marot as the Chair of this newly created "Special Home and School Visiting" sub-committee (PEA, 1906, p. 4). Five other members constituted the sub-committee: Miss Effie Abrams, Mrs. Mary A. Hill, Miss Alice R. White, Miss Elizabeth Williams and Miss Elisabeth Roemer. All but Miss White were also members of the PEA's School Visiting Committee (PEA, 1906).

The chair of the School Visiting Committee, Mrs. Katharine Ware Smith, as noted in the annual report of 1905-1906, commented:

> Since October [1906] this Committee, composed of settlement workers, has been serving a number of schools as home interpreters. The belief is that a home visitor from the school can render a peculiar service not possible to [the] attendance officer or even to the school nurse. The visitor can discover the individuality in the child which escapes the notice of the over--burdened class teacher and explain the troublesome child by learning to know him as a human being in his own home. In one school alone, one

> visitor has had 64 cases turned over to her since October, and made 100 visits to 41 families. Of these 64 girls, 41 are being watched, 50 have been influenced for good at school and 37 at home. (1906, p. 9)

Miss Marot served one more year on the School Visiting Committee and two additional years as the chair of the subcommittee on Home and School Visiting and as a member (PEA, 1907, 1908, 1909). The subcommittee for 1906-1907 consisted of Miss Jane Day, Miss Gannett, Miss N. Henderson, Miss Ellen S. Marvin, Miss Rogers, Miss Elisabeth Romer, Miss Elizabeth S. Williams and Miss A. J. Worden (PEA, 1907). From the original PEA committee of five, only Miss Romer and Miss Williams continued to serve (PEA, 1907).

For the year 1906-1907, five or six social settlements had sent "home visitors . . . to schools in their neighborhoods" (Marot, 1907, p. 12). The response by parents, teachers and principals, according to Miss Marot, was so favorable that the PEA raised funds to employ Miss Jane Day to work full-time in the lower East Side (Marot, 1907).

This commitment to visiting teacher work by the PEA was movingly told by Miss Julia Richman, formerly a school principal and then the first female school district superintendent in New York City. She recounted her conversion to the value of special visitors after attending a meeting held by the Public Education Association (Richman, 1910). At this meeting, sometime in January or perhaps March 1907 (Public Education Association Conference, 1907), Miss Marot, Miss Effie Abrams, along with Miss Maguire, principal of a school in Manhattan, so convinced Miss Richman that she too requested the PEA to undertake the financial support of a Special Home and School Visitor (Richman, 1910).

Miss Richman shared her initial skepticism and conversion after she had heard the stirring stories by these two early pioneers:

> I went to that conference with a feeling that a special visitor's services were not required, believing the attendance officer, the nurse and the teacher able to meet every situation. Possibly influenced a bit by professional jealousy, I did not wish to concede that an outside worker should do work which seemed properly to belong to the school itself. The stories told by Miss Marot and Miss Abrams were, however, so convincing, the nature of the work done by Miss Abrams was so far beyond the limitations of the teacher's time and strength, that it became self-evident that a special home and school visitor would not only be helpful, but might become practically indispensable. (Richman, 1910, p. 163)

The PEA agreed and hired Miss Jane N. A. Day, originally from New Albany, Indiana, as the first paid "special visitor." Miss Day, prior to coming to New York, was a teacher in Louisville, Kentucky. Perhaps sometime in 1905-1906, she "was doing some special work with children in her classes" (Allen, 1928, p. 2). Miss Day, who came to New York in the spring, 1907, perhaps because of a chance encounter with Miss Richman, who had given a speech on social work in the schools in Louisville in 1906, met with Miss Richman and lived at the Richmond Hill House, where she became familiar with the work of the PEA's Special Home and School Visiting sub-committee (Allen, 1928). Miss Day, likely to prepare for her new work in the fall, was 1 of 49 students who participated in the New York School of Philanthropy's 10th summer session in 1907 ("New York's Summer School," 1907). For the next 2 years, with the financial support of the PEA, Miss Jane Day worked in schools under the supervision of Miss Richman (Richman, 1910).

With the visiting teacher movement, now formally established in New York, Miss Marot and others began the drive for visiting teachers to be employed by the City Department of Education. Miss Marot enthusiastically reported Miss Day's success in the annual report of the Public Education Association:

> Miss Day's success still more fully emphasizes the need for such visiting teachers in the schools. By giving her undivided attention, intensive effort upon individuals or families is possible; daily contact is made with critical cases, and repeated calls upon some families to help keep them up to the staying point. In consequence, not only are permanent cures obtained, but effective prevention. Bad habits have been cured or nipped in the bud by studying all the conditions involved: at school, at home, on the street; hygienic, economic, moral, educational, social.
>
> . . . .
>
> The district superintendent has written the following letter to the committee--"I consider the work of the special school visitor so important that I do not see how I can ever get on again without her services. I could use six like her right here in my district. More than half of my schools are not able to secure any of her time and even in the schools which she does attend, only the most flagrant cases can receive her attention." (Marot, 1907, p. 13)

The Home and School Visiting sub-committee for the year 1907-1908 had been significantly expanded (PEA, 1908). Miss Marot now chaired a committee of 23, including 4 of the 8 members from the year 1906-1907 (PEA, 1907), Miss Julia Richman and Miss Harriet M. Johnson (PEA, 1908), who became a visiting teacher in 1908 (Culbert, 1934).

The Home and School Visiting sub-committee report for 1907-1908 reflected enthusiasm of the movement's acceptance, growth and demand by more than 50 school principals for more "home visitors," which, in turn, prompted a restatement of the visiting teacher's point of view (PEA, 1908). The visiting teacher's approach was to see the child "whole, and to place him in this light before his home and his school" (PEA, 1908, p. 11). The type of problems presented, the focus of the visitor's work, the need to work with others and the need to identify problems beyond the child are captured by the following statements:

> The children are referred to our visitors for various causes, among them being irregularity of attendance, lack of interest in their work, and unruly behavior. Economic conditions play a part in almost every difficulty whose cause lies at home. Prevention is recognized as more hopeful than cure, and our home visitors are given an increasingly large proportion of the type of case, where the difficulties are only beginning, as their special service is better understood. . . . Close cooperation, when called for, is made with the nurses, doctors, attendance officers, relief associations, etc. Several efficient volunteers have given help to the visitors. Response on the part of the home is especially sincere. The need for supplementary activities not provided by the school and impossible in most homes is realized just as keenly by the parents as by the teachers, and opportunities to satisfy this need are eagerly welcomed. (PEA, 1908, p. 12)

The report noted that nearly 3,000 classes had over 50 students and concluded with the recommendation, among others, and previously proposed by the Public Education Association, that no class should exceed 40 students assigned to 1 teacher, because this was viewed as one of "the greatest evils in the schools" (PEA, 1908, p. 13). For the fiscal year, PEA expended $1,025 for the salaries of Home and School

Visitors. Most was contributed by 9 individuals and the School Visiting sub-committee (PEA, 1908).

The PEA's annual report for 1908-1909 reflected important changes. The sub-committee on Home and School Visiting had been elevated to a committee, and Miss Martha Lincoln Draper (PEA, 1909) served as the chair for 1 year (PEA, 1910). Thereafter, from 1910 to 1917, she was a member of the New York City Board of Education ("Miss Draper dies," 1943).

Miss Draper's service to the Public Education Association was long-standing and extensive. She was one of the founders of the Association and served as president from 1929 to 1935 ("Miss Draper dies," 1943). She was the vice-president in 1905 (PEA, 1905); for the period 1905-1906 to 1908-1909, she served on the Executive Council or Executive Committee; in 1907-1908 and 1908-1909, she chaired the Schools Affairs Committee and served on the Compulsory Education Committee and the Vocational Education Committee (PEA, 1908, 1909). Miss Draper died on June 29, 1943, at 78 years of age, after a public service career that also included service with the American Red Cross in the Spanish-American War and World War I ("Miss Draper dies," 1943).

The report of the "Home and School Visitors" for 1908-1909 (PEA, 1909) was brief but reflected the steady progress made since the previous report:

> Five highly trained visitors have been engaged and put at the service of the schools to adjust children's difficulties which cannot be referred to any other agency. In the usual cases of "difficulty" the first effort of the visitor is to make use of such agencies as settlements, dispensaries, and relief societies at work in the neighborhood, but it is often necessary to supplement and co-ordinate these resources. A number of volunteers have assisted the visitors, and four students from the School of Philanthropy have been assigned to work under the direction of the Secretary of the Committee. The

> attitude of the teachers toward the visitors is increasingly cordial. Associations interested in the welfare of school children in a number of other cities have asked for information about this new form of work. (p. 9)

Salaries for the Home and School Visitors now totaled almost $4,000. Donations from various individuals and the Junior League, which reached almost $1,500, supported the visitors (PEA, 1909).

The year 1909-1910 brought additional changes in the PEA's school visiting committee. The Chair was now Miss Nathalie Henderson (later Mrs. Joseph R. Swan), who also served on the Executive Committee (PEA, 1910) and who previously served on the Home and School Visiting sub-committee in 1906-1907 (PEA, 1907). Miss Henderson was also associated with the New York Settlement and served as secretary during the years 1903-1906 (College Settlements Association, 1904, 1906). Miss Henderson was a founder of the New York Junior League, a trustee of two Eastern colleges ("Mrs. Joseph R. Swan," 1965), and married to an investment banker ("Joseph R. Swan," 1965). Miss Henderson and Miss Draper, among many others, were illustrative of "New York's elite of wealth and status," (Cohen, 1964, p. 66) who became members of the PEA and had considerable influence in promoting the growth of visiting teachers and their eventual acceptance by the City Board of Education.

An important name change had also occurred. The Home and School Visiting Committee was renamed the Committee on Visiting Teachers, now under the leadership of Miss Nathalie Henderson (PEA, 1910). In November 1910, Miss Draper's proposal that the Committee on Visiting Teachers consist only of "outsiders interested in the work" and not visiting teachers was approved (Committee on Visiting Teachers, 1910). Thereafter, the Committee, which had consisted of 23 members, including visiting teachers (PEA, 1910), was reduced to 7 (PEA, 1913).

Home and school visitors, as they were called in the 1908-1909 PEA Annual Report (1909), were now referred to as "Visiting Teachers" in the 1909-1910 Annual Report (1910). Earlier, during Miss Day's first year, her title had been changed from "Home and School Visitor" to "Visiting" teacher in order to distinguish her from the classroom teacher (Allen, 1928). Added to the committee for the year 1909-1910 (PEA, 1910), among others, were three new visiting teachers who, over a lifetime, made remarkable contributions: Miss Ethel B. Allen, Miss Jane F. Culbert and Miss Mary Flexner.

Six visiting teachers, employed by the PEA, with the assistance of the Junior League, worked in the schools for the year 1909-1910 (PEA, 1910). Salaries for the visiting teachers reached a total of $4,500. Almost half was contributed by one person, and another large portion was contributed by the Junior League (PEA, 1910). The Visiting Teachers' report for 1909-1910 (PEA, 1910) stressed that the new experiment - visiting teachers bringing the home and school together on behalf of the child - had demonstrated its value over a period of 3 years. The New York City Board of Education was urged to assume responsibility for the work of the visiting teacher.

The first attempt by the PEA Visiting Teacher Committee was to have the Board of Education place 25 visiting teachers in the public schools for the 1910-1911 year. Although endorsed by the Board of Education, the effort failed before the New York City Board of Estimate and Apportionment, which was requested to appropriate $25,000 (PEA, 1910).

The PEA did not publish an annual report for the year 1910-1911 (PEA, 1913). Apparently, in the fall, 1911, the PEA employed five visiting teachers ("Introducing Visiting Teachers," 1911). During this period, Miss Henderson, Chair of the PEA Committee on Visiting Teachers, prepared a report on the work of its visiting teachers for the year 1910-1911, at the request of Dr. William H. Maxwell (PEA, Executive Committee, 1911, May 25). The report was included in the Thirteenth Annual Report of the New York City Superintendent of Schools, Dr. Maxwell ("Introducing Visiting Teachers," 1911; Flexner, 1917; Nudd, 1916). This was the first of the PEA reports summarizing the work of the visiting teachers, which were, in part, intended to convince the City of New York to assume responsibility and employ visiting teachers.

The report, as summarized ("Introducing Visiting Teachers," 1911), included the number of cases served, homes visited, reasons for referral, outcome and results. The positive results obtained by the PEA's visiting teachers were reflected by 165 elementary school principals, who requested that the PEA assign visiting teachers to their schools ("Introducing Visiting Teachers," 1911). The report, on behalf of the Committee on Visiting Teachers, concluded with the recommendation that "one visiting teacher be appointed to each school having over thirty classes or over 1,200 children, . . . and that a salary of $1,000 should be paid each visiting teacher" ("Introducing Visiting Teachers," 1911).

By the year 1911-1912, there were seven visiting teachers (Flexner, 1913a). Miss Flexner prepared an analysis of the work of the visiting teachers of the PEA for 1911-12 (Flexner, 1913a, 1913b). This important study indicated that the seven visiting teachers had handled 1,157 cases, who were referred for such reasons as "scholarship below standard," "conduct below standard," "advice or information needed" and "irregular attendance" (Flexner, 1913a, 1913b). The report summarized the visiting teachers' analyses of the environment - the child, home, school, neighborhood, agencies already involved - and then described the action taken and the results (Flexner, 1913a). Thus, early on, the visiting teachers began conducting outcome-based research.

By the year 1912-1913, there were 10 visiting teachers (PEA, 1913). Mrs. Joseph R. Swan had continued as chair of the Committee on Visiting Teachers. Mrs. Swan's interest in the work of the PEA continued. For example, in 1927, she served as 1 of 21 trustees of the Association (Chase, 1927). Other members of the 1913 Committee were Abraham Flexner (brother of Miss Mary Flexner), Mrs. David M. Milton, Mrs. Francis L. Slade, Mrs. Willard D. Straight, Miss Elizabeth Williams (who had joined Miss Marot at the formation of the original committee in 1906) and Mrs. E. L. Winthrop, Jr. (who had joined the Committee in 1907-08) (PEA, 1913).

Beginning in 1913, after repeated efforts to secure funds, the New York City Board of Education employed its first 2 visiting teachers, who were assigned to the Department of Ungraded Classes (Chase, 1927; Nudd, 1916; PEA, 1914). By 1916, the City Board of Education had hired 7 visiting teachers (Nudd, 1916). By 1927, there were 19 visiting teachers (Chase, 1927).

The PEA also continued its visiting teacher work. Seven and one half visiting teachers were employed for the 1913-14 school year, and eight were employed for the following school year; one performed administrative functions (Johnson, 1916). The PEA's commitment to visiting teachers ended in 1930, when the Commonwealth Fund discontinued its delinquency prevention project begun in 1921 (Cohen, 1964).

CONCLUSION

This paper sketches the roots of school social work in New York City, beginning from 1905 until 1913, when the City Board of Education began to employ visiting teachers. The movement began with social settlement residents, who sought to reform the school system on behalf of children. They wanted the school to see the "whole child" and thereby to understand, appreciate and accommodate the school to the child.

The pioneering work of those first visiting teachers - Mary Marot, Effie Abrams, Elisabeth Roemer and Elizabeth Williams - who joined together under the leadership of Mary Marot, sparked a new movement. Its early growth was promoted by the Public Education Association's commitment and influence and the strong support by Julia Richman. Visiting teachers, now associated with the Public Education Association, were now able to demonstrate their unique contribution to the work of the public schools and finally to become accepted by the public schools of New York City.

The pioneer workers - Mary Marot, Effie Abrams, Elisabeth Roemer and Elizabeth Williams - were soon joined by a second group of pioneers, beginning with Jane Day, Harriet Johnson, Jane Culbert, Mary Flexner and Ethel Allen, among others, to expand the visiting teacher movement. This second group of women was also instrumental in the formation of a national association for school social workers (McCullagh, 1993). Many of the pioneer visiting teachers attended Eastern women's colleges; they never married; and they devoted a lifetime to visiting teaching work or other related fields. They generally are now forgotton, if they were ever known to the school social work communtiy. This paper presents snapshots of the first group of pioneers. Profiles of both the first and second group of pioneers will be offered in the future (McCullagh, 1993) to assist the school social work practitioner to better understand both the roots of visiting teacher work and the growth of the movement.

Knowledge of the roots of school social work, the growth of this movement in the early Twentieth Century and the pioneer women who broke new ground to create a professional identity is important for understanding school social work's relationship to the current educational enterprise. Insights gleaned from a look back to the early Twentieth Century may offer additional innovative approaches to working on behalf of the children of the Twenty-first Century.

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ABOUT THE AUTHOR

James G. McCullagh, Ed.D., A.C.S.W., L.S.W., J.D., is a Professor in the Department of Social Work at the University of Northern Iowa, Cedar Falls, Iowa. He was a school social worker for five years in Illinois and worked part-time for one year as a school social worker with Area Education Agency 7 in Iowa.

Accepted for publication March 1993.

CAL-PAL:
A COUNTY-WIDE VOLUNTEER SERVICE PROGRAM

John Wilson
Helen Adams
Donna Carlson

ABSTRACT

This article describes the implementation and continuing growth of a volunteer youth/adult match-up service being provided in seven rural communities. School social workers in these areas can collaborate with other school based personnel and community leaders to make such a service available. A major benefit of the program is a growing number of youth who are able to enjoy the opportunity of another friendship with a responsible adult outside the family. The steps described in building this service program can be used in other communities that are interested in developing a volunteer youth and adult pal program.

One model of intervention that school social workers can use to help students at risk is facilitating the development of new services in the community. Staudt (1987), for example, described the development of a "kinship" program in a rural Iowa school for children from single parent families who had a need for a friend or an additional adult role model. Indeed, school personnel and community leaders can recognize a need to develop new resources in a rural community and form a collaborative partnership to respond to those needs. The formation, growth and benefits of a program matching youth from single parent family homes with volunteer adults using an interdisciplinary approach is described.

NEED

During the fall of 1989, the authors became aware of a student population that needed help with social-emotional problems, academic problems and minor health concerns. Many appeared to have additional concerns which went beyond the scope of the short-term individualized services that were being provided. These youths were often from homes in which there was a single parent and could benefit from a trusting, longer-term relationship with an adult outside the school setting. Organized youth services such as YMCA or Big Brothers/Big Sisters did not exist in this rural county. With the 19,000 residents and 2,500 students in this county living on farms or in several small communities, the scattered population and lack of funding made affiliation to any county or national special service program impractical; yet, the need still existed.

Wallerstein (1985) states that children from divorced families are more likely to feel overburdened by extra responsibilities and to feel a greater sense of loneliness and vulnerability. The unfulfilled social-emotional needs of these youths could lead to a pattern of at-risk behaviors. The National Commission on Children (1991) reported that single parents are more likely than parents from "traditional families" to have children who are at risk for dropping out of school, alcohol and drug abuse, teenage pregnancy, mental illness and juvenile delinquency. Rural areas have the same general pattern of increasing divorce rates and increasing at-risk problems. In 1970, for example, 1 family in

15 was headed by a single parent in Calhoun County in Northwest Iowa; however, in 1990, 1 family in 7 was a single parent family (U.S. Bureau of Census). Providing a service program to these children in Calhoun County was complicated by the fact that there were seven school districts and the towns are 12 to 15 miles apart.

COLLABORATIVE PROCESS

The collaborative experience in the development of a new county-wide service program--and support of the program once it began functioning--has been one of expanding involvement. Benefits have resulted from each stage of the increasing commitment to the goals of the Calhoun County Pal (Cal-Pal) match-up service program. As noted by Rothman (1979), organizational goals change from specific task-oriented steps to process-oriented goals involving a continuation of a level of maintenance and support. The following stages were utilized in the development of the Cal-Pal program:

1. exploratory stage--formation of informational meetings with school support personnel;
2. expanded planning stage--committee meetings with school and community leaders in order to start up a county-wide service delivery program; and
3. program growth stage--advisory support during the initial stage of growth of the official community sponsored Cal-Pal program.

EXPLORATORY STAGE

An important objective of the initial exploratory meeting was to determine which school helping professionals would be willing to be actively involved in developing services. The authors needed active support from schools throughout the area if consensus for a county-wide program were to be reached.

Invitations and meeting agenda information aimed at exploring the need and the interest in developing a youth/adult match-up program initially were sent in the fall of 1989 to school counselors, school nurses, Area Education Agency team personnel and the county social service worker. The coordinator of a YMCA based service program from an adjoining county was asked to be the guest speaker, and a centrally located meeting place in the county was selected. The school social worker traveled from school to school and spoke to each of the school counselors about how the program could be useful in their school.

After several meetings, representatives from six community schools within the county expressed interest in developing a program of special services for the youth. The school counselors and school nurses communicated these initial plans for exploring the development of a new service program to their school principals and superintendents.

COMMUNITY PLANNING STAGE

Each of the core members in the exploratory group invited non-school volunteers to become part of the planning effort, thereby increasing the number of participants to 10-12. The tasks of the planning committee were (1) to select a program model and develop an organizational structure for a community based match-up service program; (2) to investigate liability obligations of voluntary organizations; (3) to find a funding source to help pay for development; and (4) to create a procedural manual for board members and coordinators in different communities.

Committee members felt there would be advantages to developing a new independently-run service program, rather than attempting to join an already existing organization. Developing a new program would be likely to result in more participation by people who saw the program as a community service autonomous within the county. Also, program monitoring for responsible and beneficial match-ups was less complicated to accomplish by retaining community ownership of the program.

The planning committee was then ready to address organizational issues of running an independent program such as recruitment, coordinator and board roles, and collaboration with referral sources (school social workers, counselors, nurses and others). The committee decided that each school district would represent a distinct community and that each community would benefit most by having their own match-up coordinator. The responsibilities of the community coordinators would be to recruit adult volunteers and to arrange and to oversee match-ups between volunteers. The role of the Cal-Pal Board was to govern the entire Cal-Pal program throughout the participating communities, to make financial decisions and to provide support to coordinators. An advisory committee was established to provide another layer of support to the board, coordinators and youth.

The second issue examined by the planning committee was liability insurance. The cost of liability insurance was likely to be a serious obstacle to establishing a voluntary youth/adult Pal program in the county. The county attorney advised that individual liability insurance would not be needed for this type of voluntary program. Liability insurance was not purchased; however, a statement was included in the parent permission form for youth/adult Pal match-ups that the Cal-Pal program did not have insurance coverage.

The third issue of the planning committee was fund raising. In February 1990, the Cal-Pal committee learned that Cal-Pal would be eligible to apply for a grant from the Iowa Department of Public Health, Division of Substance Abuse, as a preventative service program. The planning committee decided to apply for start-up funding costs for implementing Cal-Pal programs in five different communities. In March 1990, the coordinators from three communities received notice that they had been awarded community grants--a total grant award of $1,500.

The final issue faced by the planning committee was the development of a procedure manual. The authors and planning subcommittee reviewed other rural and urban match-up program procedures and wrote a procedural manual. Copies of the procedural manual were made for distribution to board members and coordinators once the program officially started.

After these four planning committee goals were met, a public meeting was held in April 1990. This officially marked the beginning of the Cal-Pal organization and gave public recognition to the volunteer committee. One of the specific goals of the first Cal-Pal meeting was to bring together board members, coordinators, adult volunteers, single parents and other interested persons from all of the communities involved. There were over 20 people at the first official Cal-Pal meeting. County newspapers reported the event, photographed the planning committee and published articles.

PROGRAM GROWTH

During the first year of the program, two of the authors were involved in increasing the organizational base of Cal-Pal board members and area coordinators, increasing participation in the youth/adult match-up program and building a positive attitude among volunteers and the community regarding the worth of the program.

Increasing the organizational base: The authors collaborated with the planning committee in selecting board members who were well known and well respected for their community involvement. The board members who were chosen used their range of associations and friendships to enlist additional board members and coordinators. The authors were also able to directly recruit board members and coordinators by contacting people who were already working with children in agencies and organizations in the county.

Increasing youth/adult Cal-Pal match-ups: The Cal-Pal Board set up a booth at the July 1990 county fair to publicize the program. A second means of publicizing the program and to increase match-ups was through assistance in writing newspaper and school newsletter articles. A third means was short talks given by members of the board and advisory group to various religious and community organizations. The school social worker and the school nurse were also able to help distribute coupons for free entertainment activities to various communities as they went to the schools throughout the county. Most importantly, they worked closely with the school counselor and the teachers in the schools to promote youth awareness of the program and to facilitate application procedures for youth who were interested in participating in the service.

Developing a positive attitude among volunteers and the community: The Cal-Pals Board had a party at a multi-recreational facility in March 1991. The advisory group worked with the board members and coordinators in contacting Cal-Pal match-up volunteers, making food preparations and publicizing the event. Over 30 Cal-Pal members and their families attended this weekend recreational evening. The enthusiasm and energy of the group were evident. Everyone agreed they would like to have another Cal-Pal event--and 1 youth suggested having another group party the very next day.

As the Cal-Pal program nears the end of its second year of growth, the authors have continued to become more involved in supportive tasks for the maintenance of the organization, for example, involvement in funding concerns and teaching procedures for match-ups. Direct recruitment has lessened as other volunteers in the Cal-Pal program have become more experienced in those activities. Local school support professionals increasingly have concentrated on balancing time commitments, maintaining a focus on the limited service mission of the program and being sensitive to the needs of volunteers who generously agree to make the program one that truly benefits the children it is meant to serve.

SUMMARY OF BENEFITS

Within a year after the first Cal-Pal Board Meeting, all board member positions were filled. Cal-Pal also expanded to include an additional area in an adjoining county. Thus, there are now seven board members representing different communities, plus one overall board member representative. In addition, by July 1991, there were a total of 10 coordinators and co-coordinators providing leadership in the different community sites. During the first year of the program's existence, a total of 25 match-ups were completed. Sixteen of the first year match-ups continue. Most of the discontinued match-ups at the end of the first year were due to families moving away or because of health problems.

By February 1992, the Cal-Pal program grew to a total of 27 active match-ups. Because of widespread interest by both youth and adult pals, there have been two additional group activities since the first party in March 1991. At the most recent Cal-Pal party, over 60 volunteers and families of Cal-Pal adult volunteers participated in the activities. The board has been supportive of new ideas, such as a dinner to honor adult Cal-Pal volunteers in February 1992. The Cal-Pal program continues to grow at an average rate of 1 or 2 new match-ups each month.

The most important change resulting from the creation of the community Cal-Pal program is the participation of youth and caring adults in a responsible and flexible new relationship. Awareness of the school social work role has increased with the advent of group events and additional match-ups. The structure of the Cal-Pal organization promotes procedures for appropriate match-ups and funding of enjoyable recreational activities for the matched pals and for the organization's group activities. It also provides a channel of communication between parents, adult volunteers, children and the coordinators. The new service network for referrals is working effectively, many community members are involved and it appears likely that this match-up program will continue for a long time.

CONCLUSION

Essential to the effectiveness of Cal-Pal is community consensus between youth, parents, school and non-school leaders that a need exists for an individual friendship program. Beyond being aware of the need, a match-up program at the county level requires the commitment of many people who make their time and talent available to Cal-Pal service. Rural school social workers, by training and experience, are able to play a part in building interdisciplinary cooperation assessing community needs, facilitating teamwork in group planning and supporting the ongoing goals of the developing community service program.

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ABOUT THE AUTHORS

John Wilson, M.S.W., is a school social worker for AEA 5, Rockwell, Iowa.

Helen Adams, R.N., has been a school nurse for the Rockwell City/Lytton community schools for the past 15 years.

Donna Carlson, M.S., is a high school academic counselor, Flondreau, South Dakota. She was formerly a school counselor at the Rockwell City-Lytton Middle School/Lytton Grade School.

The authors express appreciation to Clarice Larson and the anonymous reviewers for their suggestions and support related to the process of writing this article.

Accepted for publication March 1992.

SCHOOL SOCIAL WORK
IN EARLY CHILDHOOD
SPECIAL EDUCATION:
A POSITION STATEMENT

Issued By

The Midwest School Social Work Council

September 1991

Author: James P. Clark

> It is the position of the Midwest School Social Work Council that the provision of school social work services in early childhood special education programs is essential to assuring comprehensive and effective educational programming for young children and their families.

Rationale:

School social workers are trained to assess and treat the individual, family and environmental problems that affect child development and learning. The particular focus of school social work practice is on linking the school, the home and community. The expertise of school social work lies in the area of psychosocial functioning, the interface and interaction of the individual and the environment. Historically, the social work profession has focused particularly on the individual in his/her family context and has stressed the use of family resources in problem-solving efforts. School social workers utilize knowledge of family dynamics, family stress, the family life cycle, family systems theory and family-based coping mechanisms in assisting families to resolve crises by identifying and tapping the family's own strengths along with resources in the community when needed. This orientation is critically important in planning and implementing special education services to young children, where the family is still the primary source for meeting basic needs.

The **goals** of providing school social work services in early childhood special education are

1. to facilitate and support the emotional development and social competence of young children;

2. to facilitate and support active and meaningful parent and family participation in educational decision making and planning;

3. to increase parent and family knowledge and understanding of child development;

4. to assist multidisciplinary team members in understanding the psychosocial and cultural experience of the child in the family and community;

5. to facilitate the linkage of families and appropriate resources in the community;

6. to provide school social work assessment, prevention and early intervention services in a multidisciplinary framework.

The following **services** typically are provided by school social workers working within an interagency and multidisciplinary service delivery system. These services are essential to accomplishing the goals of early childhood special education programs.

1. Family Assessment

   School social workers interview families in their home environment for purposes of obtaining a psychosocial history and conducting a family assessment, which identifies the family's emotional, physical, social, cultural and material resources that need to be considered by families and professionals in assessment and planning. A family systems perspective is utilized, which emphasizes the critical importance of considering the multiple and diverse needs of families that extend far beyond the immediately observed behavior of the individual child. This approach to assessment is family centered and intended to enable and empower families (Dunst, Trivette & Deal, 1988). This assessment is an essential ingredient in developing individualized family service plans (I.F.S.P.s), as described in recently enacted Federal legislation (The Education of the Handicapped Act Amendments of 1986, Public Law 99-457).

2. Case Management

   School social workers provide case management services to ensure cost-effective utilization and coordination of services. Weil (1989) has identified eight case management functions: 1) client identification and outreach; 2) individual assessment or diagnosis; 3) service planning and resource identification; 4) linking clients to needed services; 5) service implementation and coordination; 6) monitoring service delivery; 7) advocacy; and 8) evaluation. As Hare and Clark (1992) have illustrated, in school social work practice these case management functions are directly related to each of the major provisions of Public Law 94-142, the Education For All Handicapped Children Act. For example, client identification and outreach relate to the child find provision; individual assessment and diagnosis relate to multidisciplinary evaluation and non-discriminatory testing, etc. With an ecological systems theoretical perspective and a practice focus on home-school-community, school social workers are in an ideal position to provide case management services. Indeed, school social work practice, historically and currently, most often has included case management functions.

3. Parent Counseling
School social workers provide counseling to parents individually and in groups. Often, this counseling focuses on the experience of parents in the grief process. The birth of a child with a disability or the gradual realization that an infant or toddler is developmentally delayed constitutes a life crisis for the family. Parents often experience recurring feelings of shock, denial, anger, guilt and depression. Providing counseling directed at these emotional issues maximizes the extent to which the family is able to productively engage with various providers of service.

4. Family Support
School social workers conduct ongoing support groups for parents, siblings, grandparents and other members of the extended family to include education, information, counseling and networking activities.

5. Training
School social workers provide staff development and inservice training for early childhood special education professionals and families on topics such as family dynamics, crisis intervention, the family life cycle and community resources, etc.

6. Consultation
School social workers provide consultation services to families, early childhood special education professionals and community agencies regarding the provision of effective and efficient family-centered early childhood special education programming.

7. Program Development and Evaluation
School social workers participate in early childhood special education program development by assisting with conducting needs assessments, program planning, program monitoring and program evaluation.

There is a growing recognition of the value of utilizing a broad base of expertise and skills that a variety of professionals can provide to early childhood special education programs. The most effective programs are characterized by the operation of multidisciplinary teams joining collaboratively with families. School social workers have much to contribute to this team effort.

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James P. Clark, 6867 N.W. 54th Court, Johnston, Iowa 50131

SCHOOL SOCIAL WORK WITH INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES: MAJOR ROLES AND KEY COMPETENCIES: A POSITION STATEMENT

Issued By

The Midwest School Social Work Council

September 1991

Author: James P. Clark

It is the position of the Midwest School Social Work Council that school social workers have a key role to play in the development and delivery of comprehensive services for infants and toddlers and their families as called for in Public Law 99-457, The Education of the Handicapped Act Amendments of 1986.

Public Law 99-457 calls for early interventionists to shift from a traditional child-centered approach that focuses on serving very young children with disabilities to an approach that is family-centered and considers the family itself to be the "unit of intervention" (Dunst, Trivette and Deal, 1988). This approach is consistent with the traditional focus of social work practice and emphasizes that "...the family is the constant in the child's life while service systems and personnel fluctuate" (Bishop, 1991). This orientation requires that professionals establish collaborative, supportive partnerships with families. Social workers can provide the leadership that is essential in assisting other professionals to develop this collaboration.

Public Law 99-457 specifically defines social workers as qualified providers of early intervention services. The definition of social work services includes the following (Title 34 CFR 303.12 [d][11]):

(i) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(ii) preparing a psychosocial developmental assessment of the child within the family context;

(iii) providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

(iv) working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

(v) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

This definition supports and recognizes the significant contribution that social workers can make in implementing key features of this legislation, particularly case management and individualized family service plans (I.F.S.P.s).

Because of their location in public schools, school social workers are in an advantageous position to provide services that are essential in operationalizing these components of the law. School social workers will need to work in partnership not only with families and other professionals, but also with social work colleagues in other service delivery systems such as public and private health care, mental health and social services. This partnership of professionals will ensure that services are delivered in a comprehensive and coordinated fashion.

School Social Work Mission, Major Roles and Key Competencies*

The primary mission of school social work in programs for infants and toddlers with disabilities and their families is to support the family in its social context so that it can provide the infant or toddler with an optimum environment for development and preparation for formal education. To successfully realize this mission, school social workers must act as advocates for individual families as well as for changes in the operation of service delivery systems (Bishop, 1991). A number of major roles and key competencies associated with these roles can be identified as essential in carrying out this mission.

Major roles for school social workers include the following:

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*This presentation of primary mission, major roles and key compentencies specific to school social work is based on an initial draft of roles and competencies for social work developed at the Carolina Conference on Infant Personnel Preparation, May 18-21, 1988, Washington, D.C.

1. developing and modeling family professional partnerships, particularly in the development of the I.F.S.P. and in the provision of case management services (Bishop, 1991);

2. providing ongoing support to families in all aspects of service delivery;

3. advocating for family rights and access to community services that are flexible, culturally sensitive and responsive to the diversity of family desires and styles (Bishop, 1991);

4. serving as case manager and intake worker when appropriate;

5. facilitating the creation and development of needed services and effective mechanisms for coordinating services;

6. mobilizing families to utilize available supports, e.g. extended family, community groups, friends, churches, public agencies and programs, etc.;

7. participating in the development, continuous monitoring and evaluation of the I.F.S.P.;

8. assisting other professionals in understanding the psychosocial and cultural experience of the child in the family and community;

9. providing staff development and inservice training on topics such as family dynamics, crisis intervention, the family life cycle, understanding and sensitivity to the cultural diversity of families, community resources, etc.;

10. assessing the family's capacity to provide and manage basic nurturant needs, e.g. food,

shelter, protection, medical care, employment, etc.;

11. assessing family functioning, including the identification of family strengths and needs;

12. assessing developmental, social, emotional and behavioral functioning of infants and toddlers;

13. planning, providing and evaluating family services, such as parent support groups, individual counseling, sibling support groups, family therapy, marital counseling, family education groups, etc.;

14. providing and evaluating services related to problems in family functioning, e.g. marital relations, parent-child interactions, etc.

The following key competencies are essential to functioning in these roles:

1. knowledge and skill in developing family-professional partnerships throughout the provision of services;

2. knowledge of resources and supports available in the community and skill in referring and coordinating the family's effective and efficient use of such assistance;

3. knowledge and skill in identifying gaps in community services and in advocating for the development of needed services;

4. knowledge of and sensitivity to the cultural diversity of families and skill in assisting other professionals to acquire understanding and sensitivity to this diversity;

5. skill in interviewing families to obtain a psychosocial history and assessment for purpose of identifying the family's emotional, physical, social, cultural and material resources that need to be considered by the multidisciplinary team in developing the I.F.S.P.;

6. knowledge and skill to assess adequately the typical and atypical infant and toddler emotional, social and behavioral functioning;

7. knowledge of the impact of delayed or atypical child development on the family and skill in assessing and intervening with families in this regard. Specifically, knowledge of the family life cycle, family systems theory, family-focused crisis intervention and the grief process is essential, along with skill in providing therapeutic family or marital intervention;

8. knowledge of the basic functions of case management and skills in implementing these functions in a family-centered plan;

9. knowledge of laws and regulations pertaining to parent rights and family law;

10. knowledge of multidisciplinary and multiagency team process and functioning;

11. skill in training other professionals to acquire knowledge and skills essential to providing family-centered services;

12. knowledge and skill in program development, monitoring and evaluation.

School social workers are an essential resource in the process of developing and implementing comprehensive, multidisciplinary and interagency service delivery systems for infants and toddlers with disabilities and their families. Developing effective, family-centered service systems is critical and urgent and will require the diligent and collaborative efforts of families, professionals and communities. The result will be an improved quality of life for infants and toddlers with disabilities and their families.

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Title 34 Code of Federal Regulations, Part 303.

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